



Tennessee Health Facilities Commission User Guide

# Community Portal

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# Table of Contents

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# Registering/Logging In

# Overall High-Level Process

Applicant



Applicant Registers for a TN HFC login.

Applicant



Applicant creates a new Certificate of Need Letter of Interest application

TN HFC



TN HFC will review and accept the application.

TN HFC



TN HFC will approve the Certificate of Need application

Patient



Applicant will provide payment and submit the application

Patient



Applicant will create a Certificate of Need application

Applicant



Applicant Can create a Relocation application

TN HFC



TN HFC will approve the relocation application

1. Click **Create Account** or **Register** button.

As a new user for the Health Facilities Commissions portal, you will need to register for an account. Follow the steps in the following slides to complete registration.



### Don't have an Account ?

To create your account, use the Registration link below to fill in your information. Once finished, use your log-in credentials to access your account.

[Register →](#)

---

### Contact Us ?

If there are any questions regarding the sign in or registration process, please contact staff at **615-741-2364** or email at [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

## LOGIN

Hello there, login to the screen below

Required fields are marked with an asterisk \*

\* User Name ⓘ

\* Password

[Forgot Password?](#)

**LOGIN**

\_\_\_\_\_ or \_\_\_\_\_

Don't have an account? **Create Account**

# Registering/ Logging In

## Instructions

2. Enter the required information.
3. Click on the Captcha checkbox.
4. Click Register.

Provide the required information, please note fields that require an asterisk \*, must be completed in order to register.

## Key Points



**Already have an Account?**

Please use the same username and password you created to sign in.

Login →

---

**Contact Us ?**

If there are any questions regarding the sign in or registration process, please contact staff at **615-741-2364** or email at **hsda.staff@tn.gov**.

### REGISTER

Hello there, Register to the screen below

Required field are marked with an asterisk \*

<b>* First Name</b> Enter First Name	<b>* Last Name</b> Enter Last Name
<b>* Email Address</b> Enter Email Address	<b>* Company Name</b> Enter Company Name
<b>* Phone Number</b> Enter Phone Number	<b>* Street Address</b> Enter Street Address
<b>* City</b> Enter City	<b>* Zip Code</b> Enter Zip Code
<b>* State</b> Enter State	

I'm not a robot 

REGISTER

5. Click **Back To Login**.
6. A confirmation email will be send to your listed email address

- Once you have registered, you will receive an email with your new username and a link to create a password.
- The email will be sent to the one you have added when you registered.

  
HFC

### Already have an Account?

Please use the same username and password you created to sign in.

Login →

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### Contact Us ?

If there are any questions regarding the sign in or registration process, please contact staff at **615-741-2364** or email at **hsda.staff@tn.gov**.

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## REGISTER

Hello there, Register to the screen below

✓ Thank you for registering. An email has been sent to your provided email address.

**BACK TO LOGIN**

- Click on the link to complete your registration and set up your password.

- Notice in the email you have received a username. This username is your email + “.tnhfc”
- When you login you must provide the username provided in the email.

**TN Health Facilities e-Portal** via gd8jxy9x3kuwv.bz-8hir2ai.cs234.bnc.sandb... 10:21 AM (1 minute ago) ☆ ↶ ⋮  
to imran.chowdhury+1@mtxb2b.com ▼

This is an automated email. Please do not reply to this message.

Hi Imran Chowdhury,

Welcome to TN Health Facilities e-Portal! To get started, go to [https://tnhfc--uat.sandbox.my.site.com/license/login?c=xe0qMs7fENZS0axk23Qhz\\_QItlBmWXrdTCnLCnBBdcy3jIz0AgzgdSmzQRJtUS\\_YslyHIMhNhGg3ZWMjdjPCBaQMs65Bq24pxExToHTNkyzGE2DU.Lx0PINWjl7.dhD9bwldCLGi.ZKvdZ0kNIyU3Uqy9o1RfA5SVU0aiQLcQs\\_xe29RyV\\_aQ2HbTigNJhMOGKr4zwml0.AK1KhQZtYSgDwlR6jgQ%3D%3D](https://tnhfc--uat.sandbox.my.site.com/license/login?c=xe0qMs7fENZS0axk23Qhz_QItlBmWXrdTCnLCnBBdcy3jIz0AgzgdSmzQRJtUS_YslyHIMhNhGg3ZWMjdjPCBaQMs65Bq24pxExToHTNkyzGE2DU.Lx0PINWjl7.dhD9bwldCLGi.ZKvdZ0kNIyU3Uqy9o1RfA5SVU0aiQLcQs_xe29RyV_aQ2HbTigNJhMOGKr4zwml0.AK1KhQZtYSgDwlR6jgQ%3D%3D)

Username: [imran.chowdhury+1@mtxb2b.com.tnhfc](mailto:imran.chowdhury+1@mtxb2b.com.tnhfc)

↶ Reply   ↶ Reply all   ↷ Forward   ⬇

## Instructions

8. Enter your **New Password**.
9. Confirm the new password.
10. Click **Change Password**.

Follow the guidelines in order to create your password.

## Key Points

  
HFC

### Change Your Password

Enter a new password for  
imran.chowdhury+1@mtxb2b.com.tnhfc. Make sure  
to include at least:

- ✓ 8 characters
- ✓ 1 uppercase letter
- ✓ 1 lowercase letter
- ✓ 1 number
- ✓ 1 special character ⓘ

\* New Password  
..... Good

\* Confirm New Password  
..... Match

**Change Password**

Password was last changed on 2/6/2023, 8:21 AM.

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# Registering/ Logging In

## Instructions

11. Enter your **User Name**.
12. Enter your **Password**.

Please enter the username that was provided on the email.

## Key Points



**Don't have an Account ?**

To create your account, use the Registration link below to fill in your information. Once finished, use your log-in credentials to access your account.

[Register →](#)

---

**Contact Us ?**

If there are any questions regarding the sign in or registration process, please contact staff at **615-741-2364** or email at **hsda.staff@tn.gov**

### LOGIN

Hello there, login to the screen below

Required fields are marked with an asterisk \*

\* User Name ⓘ  
imran.chowdhury+1@mtxb2b.com.tnhfc

\* Password  
.....

[Forgot Password?](#)

**LOGIN**

\_\_\_\_\_ or \_\_\_\_\_

Don't have an account? [Create Account](#)

# Dashboard

# Dashboard

## Key Points

The **Dashboard** of the Health Facilities Commissions portal will be the homepage once you login. Here you will be able to start new applications, view your application information, and view your application statuses. Click on different status to view the current letters of intents and applications.

The screenshot displays the user interface of the Health Facilities Commission (HFC) portal. At the top left is the HFC logo. The user's name, Imran Chowdhury, is shown in the top right corner. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area is titled 'Dashboard' and features five summary cards, each showing a count of '0' for different application statuses: All Applications, Open Applications, Closed Applications, Applications Under Review, and Supplemental Information Required. Below these cards is a 'Count of Applications' section with a legend for the application statuses: Open Applications (pink), Closed Applications (orange), Applications Under Review (yellow), and Supplemental Information Required (teal).

Status	Count
All Applications	0
Open Applications	0
Closed Applications	0
Applications Under Review	0
Supplemental Information Required	0

Count of Applications

- Open Applications
- Closed Applications
- Applications Under Review
- Supplemental Information Required

# Dashboard

## Instructions

1. Click on a status. (for this guide we will click on **Open Application**)

From the dashboard you can click on different status to view the current applications.

## Key Points

The screenshot displays the Health Facilities Commission (HFC) dashboard. At the top left is the HFC logo. The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main dashboard area features five summary cards: 'All Applications' (1), 'Open Applications' (1, highlighted with a red box), 'Closed Applications' (0), 'Applications Under Review' (0), and 'Supplemental Information Required' (0). Below these cards is a 'Count of Applications' section with a donut chart. The chart is currently 100% pink, representing 'Open Applications'. A legend indicates the categories: Open Applications (pink), Closed Applications (orange), Applications Under Review (yellow), and Supplemental Information Required (teal).

Status	Count
All Applications	1
Open Applications	1
Closed Applications	0
Applications Under Review	0
Supplemental Information Required	0

Count of Applications

- Open Applications
- Closed Applications
- Applications Under Review
- Supplemental Information Required

2. View the applications.
3. If an application is not completed click on the Edit button.

Under each application, you can perform different actions. The most common will be to download an application. You may download applications even if it is in **Draft** status.

The screenshot displays the 'Open Applications' section of the HEC dashboard. At the top, there is a navigation bar with 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is located on the right. Below the navigation bar, the page title 'Open Applications' is shown, along with a breadcrumb 'Dashboard > Open Applications'. A search bar and a filter dropdown (set to 'All') are present. The main content is a table with the following data:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATED	ACTIONS
PAR-000000605	-	Certificate Of Need - LOI	-	Draft	2/6/2023	Download, Edit

The 'Download' and 'Edit' buttons in the actions column are highlighted with red boxes. A blue box with the number '1' is located at the bottom right of the table area. The footer contains '© 2023 HEC | All Rights Reserved' and 'Contact Us | Privacy & Terms'.

# Letters of Intent

# Certificate of Need

# Certificate of Need

## Instructions

1. From the **Dashboard**, click **New Application**.

The screenshot displays the user interface for the Health Facility Commission (HFC). At the top left is the HFC logo. The top right shows the user's name, Scott Vance, with a profile icon. A dark blue navigation bar contains the following menu items: Home, Applications (with a dropdown arrow), Payments, My Letter of Intent, and My Certificate of Need. A red rectangular box highlights the 'New Application' button in the top right corner of this navigation bar. Below the navigation bar is the 'Dashboard' section, which features five white cards with icons and counts:

- All Applications: 0
- Open Applications: 0
- Closed Applications: 0
- Applications Under Review: 0
- Supplemental Information Required: 0

Below the dashboard cards is a 'Count of Applications' section. It contains a legend with four colored squares and their corresponding labels: a pink square for 'Open Applications', an orange square for 'Closed Applications', a yellow square for 'Applications Under Review', and a teal square for 'Supplemental Information Required'. The main area of this section is currently empty.

# Certificate of Need

## Instructions

2. Click the **Application Type** drop-down menu to select the type of application to begin.
3. Click **Apply**.

- This flow will focus on the **Certificate of Need** application type. The **Relocation Exemption** application will be detailed in the next section.

## Key Points

The screenshot displays the IFC (Indiana Facility Care) application portal. The user is logged in as Scott Vance. The dashboard shows 'All Applications' and 'Open Applications' counts, both at 0. A modal window titled 'Select the application type' is open, featuring a required field '\* Application Type' with a dropdown menu. The dropdown is expanded, showing 'Certificate of Need' and 'Relocation Exemption' as options. A blue arrow points from the dropdown in the modal to a larger, detailed view of the dropdown menu. At the bottom of the modal, there are 'Cancel' and 'Apply' buttons, with the 'Apply' button highlighted by a red box.

4. Complete all required information.

- All fields marked with an \* are required.

The screenshot displays the Florida Building Commission (FBC) application portal. The user is logged in as Scott Vance. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible in the top right. The current page is titled 'Basic Information' and shows a progress indicator with three steps: Basic Information (selected), Project Cost, and Attestation. The application name is PAR-000002148. A note states: 'Please complete every requested field. Use the accompanying worksheet to assist in calculating the estimated project cost. All fields will populate similar field in the accompanying application. For general instructions, click here.' The form contains the following fields, all marked as required with an asterisk (\*):

- \* Project Name:** Text input field with placeholder 'Enter Project Name'.
- \* Street or Route:** Text input field with placeholder 'Enter Street or Route'.
- \* State:** Dropdown menu.
- \* County:** Text input field with placeholder 'Enter County'.
- \* City:** Text input field with placeholder 'Enter City'.
- \* Zip:** Text input field with placeholder 'Enter Zip'.
- \* Facility Type:** Dropdown menu.
- \* Owner Name:** Text input field with placeholder 'Enter Owner Name'.
- \* Ownership Type:** Dropdown menu.
- \* Management Name:** Dropdown menu.
- \* Project Description:** Text area with placeholder 'Enter Project Description'.
- \* Anticipated date of publication:** Date picker with placeholder 'Enter Anticipated date of publication'.
- \* Anticipated date of submitting CoN application:** Date picker with placeholder 'Enter Anticipated date of submitting CoN application'.

- Click on the drop-down arrow under the simultaneous review question.
- Select Yes, if there is simultaneous review.

- If an application has been submitted for the same service, service area, location, or facility, you must select yes to simultaneous review.
- Once you select yes and click **Save and Next**, the application will be updated. This will mean you will have till the 16<sup>th</sup> to the end of the month to complete your application.

The screenshot displays the 'My Certificate of Need' application form. The form includes the following fields and sections:

- Management Name:** A dropdown menu.
- Project Description:** A text input field with the placeholder 'Enter Project Description'.
- Anticipated date of publication:** A date input field with the placeholder 'Enter Anticipated date of publication'.
- Anticipated date of submitting CoN application:** A date input field with the placeholder 'Enter Anticipated date of submitting CoN application'.
- Are you seeking to submit this application for Simultaneous Review?.....** A dropdown menu with options 'No', '-- Clear --', 'Yes', and 'No'. A red box highlights the dropdown arrow.
- Contact Person First Name:** A text input field containing 'Imran'.
- Contact Person Last Name:** A text input field containing 'Chowdhury'.
- Company Name:** A text input field containing 'MTX Group Inc'.
- Contact Company Address:** A text input field containing '4102 Admiralty way, Irving, Alaska, 75061'.
- Contact Email ID:** A text input field containing 'imran.chowdhury@mtx2b.com'.
- Name of Newspaper(s):** A text input field with the placeholder 'Enter Name of Newspaper(s)'.

At the bottom right of the form, there are two buttons: 'Cancel' and 'Save & Next'. The footer of the page contains the text '© 2022 HFC | All Rights Reserved' and 'Contact Us | Privacy & Terms'.

# Certificate of Need

## Instructions

7. Enter the information that is revealed.
8. Answer the questions that follow.
9. Click Upload File.

If you select **No**, to any of the additional questions, you will enter an explanation to why it is marked as **No**.

## Key Points

The screenshot displays the Health Facilities Commission (HFC) web application interface for a Certificate of Need application. The page includes a navigation menu with options like Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. The main content area contains several form sections:

- \* Project Description:** A text input field with the placeholder "Enter Project Description".
- \* Anticipated date of publication:** A date picker field with the placeholder "Enter Anticipated date of publication".
- \* Anticipated date of submitting CoN application:** A date picker field with the placeholder "Enter Anticipated date of submitting CoN application".
- \* Are you seeking to submit this application for Simultaneous Review?:** A dropdown menu currently set to "Yes".
- \* Simultaneous Review justification (Please include the explanation for similarity of service area, location, facility and service area to be provided):** A rich text editor with a toolbar and a large text area.
- \* Does the applicant verify compliance with the procedural requirements for a simultaneous review per Health Facilities Commission Administrative Rule 0720-10-.02?:** Radio buttons for "Yes" (selected) and "No".
- \* Was the Notice of Simultaneous Review received by the original applicant between the sixteenth and last day of the month of publication?:** Radio buttons for "Yes" (selected) and "No".
- \* Please upload confirmation that the Notice was received by the original applicant between the sixteenth day and last of the month of publication by the original applicant.** A blue "Upload File" button is highlighted with a red box.
- Contact Details:** Fields for "Contact Person Title" (placeholder: "Enter Contact Person Title"), "Contact Person First Name" (value: "Imran"), "Contact Person Last Name" (value: "Chowdhury"), and "Company Name" (value: "MTX Group Inc").

# Certificate of Need

## Instructions

10. Click on the upload files button.

The screenshot displays a web application interface for a 'Certificate of Need' application. The user is logged in as 'Imran Chowdhury'. The navigation menu includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible in the top right.

The main form area contains several sections:

- \*Project Description:** A text input field with the placeholder 'Enter Project Description'.
- \*Anticipated date of publication:** A date input field with the placeholder 'Enter Anticipated date of publication'.
- \*Anticipated date of submitting CoN application:** A date input field with the placeholder 'Enter Anticipated date of submitting CoN application'.
- \*Are you seeking to submit this application for Simultaneous Review?:** A dropdown menu with 'Yes' selected.
- \*Was the Notice of Simultaneous Review received by the original applicant between the sixteenth and last day of the month of publication?:** Radio buttons for 'Yes' (selected) and 'No'.
- \*Please upload confirmation that the Notice was received by the original applicant between the sixteenth day and last of the month of publication by the original applicant.** An 'Upload File' button.
- Contact Details:** Fields for 'Contact Person Title' (placeholder: 'Enter Contact Person Title'), 'Contact Person First Name' (value: 'Imran'), 'Contact Person Last Name' (value: 'Chowdhury'), and 'Company Name' (value: 'MTX Group Inc').

An 'Upload File' modal is open in the center of the screen. It contains a red-bordered button labeled 'Upload Files' with an upload icon, and a dashed-line box labeled 'Or drop files'. A 'Save' button is located at the bottom right of the modal.

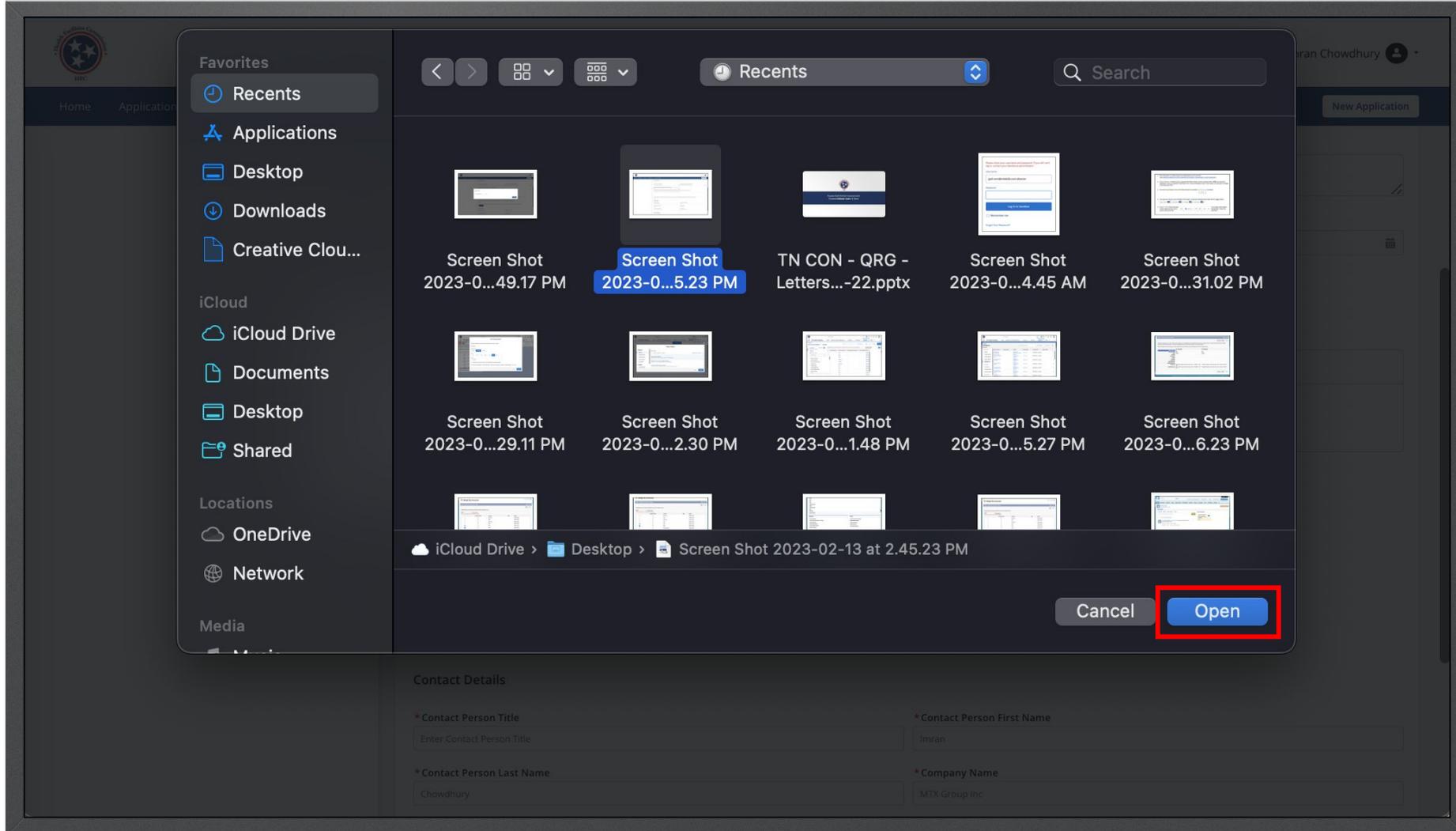
# Certificate of Need

## Instructions

11. Select an image or more and click open.

You can enter a document one at a time or add all of them together by selecting the files before uploading.

## Key Points



# Certificate of Need

## Instructions

12. Click Save once you are done.

You can click on upload files to add more files.

## Key Points

The screenshot shows the IBC (Illinois Building Commission) website interface for a Certificate of Need application. The user is logged in as Imran Chowdhury. The main form contains several sections:

- Project Description:** A text input field with the placeholder "Enter Project Description".
- Anticipated date of publication:** A date picker field with the placeholder "Enter Anticipated date of publication".
- Anticipated date of submitting CoN application:** A date picker field with the placeholder "Enter Anticipated date of submitting CoN application".
- Are you seeking to submit this application for Simultaneous Review?:** A radio button selection.
- Was the Notice of Simultaneous Review received by the original applicant between the sixteenth and last day of the month of publication?:** Radio buttons for "Yes" (selected) and "No".
- Please upload confirmation that the Notice was received by the original applicant between the sixteenth day and last of the month of publication by the original applicant.** An "Upload File" button.
- Contact Details:** Fields for "Contact Person Title" (placeholder: "Enter Contact Person Title"), "Contact Person First Name" (value: "Imran"), "Contact Person Last Name" (value: "Chowdhury"), and "Company Name" (value: "MTX Group Inc").

An "Upload File" modal is open in the center of the screen. It contains:

- A red asterisk (\*) indicating a required field.
- An "Upload Files" button with a plus icon and a dashed border.
- The text "Or drop files" next to the upload button.
- A file list showing "Screen Shot 2023-02-13 at 2.45.23 PM.png" with a trash icon to its right.
- A "Save" button at the bottom right, which is highlighted with a red rectangle.

# Certificate of Need

## Instructions

13. Complete all required information.
14. Click **Save & Next**.

- All fields marked with an \* are required.

## Key Points

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is logged in as Scott Vance. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. The current page is 'My Certificate of Need', which contains a form with the following fields:

- \* Management Name (dropdown menu)
- \* Project Description (text area)
- \* Anticipated date of publication (calendar icon)
- \* Anticipated date of submitting CoN application (calendar icon)
- Contact Details**
  - \* Contact Person Title (text input: Enter Contact Person Title)
  - \* Contact Person First Name (text input: Scott)
  - \* Contact Person Last Name (text input: Vance)
  - \* Company Name (text input: MTX)
  - \* Contact Company Address (text area: 1925 Lynx Lane, Fairbanks, Alaska, 99709)
  - \* Contact Email ID (text input: scott.vance@mtxb2b.com)
  - \* Name of Newspaper (text input: Enter Name of Newspaper)

At the bottom right of the form, there are two buttons: 'Cancel' and 'Save & Next'. The 'Save & Next' button is highlighted with a red box.

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# Certificate of Need

## Instructions

15. Complete all required information.
16. There is a worksheet to help calculate market value of property and/or medical equipment related to the project. Link (The link is in section B)

Health Facilities Commission  
HFC

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Application Name : PAR-0000002148

Basic Information  
Project Cost  
Attestation

### Project Cost

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	<input type="text"/>
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	<input type="text"/>
3. Acquisition of Site	<input type="text"/>
4. Preparation of Site	<input type="text"/>
5. Total Construction Costs	<input type="text"/>
6. Contingency Fund	<input type="text"/>
7. Fixed Equipment (Not included in Construction Contract)	<input type="text"/>
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)	<input type="text"/>
9. Other (Specify) <input type="text" value="Specify Construction"/>	<input type="text"/>
<b>Total</b>	<b>\$0.00</b>

B. Acquisition by gift, donation, or lease:(For Fair market value and lease value for land and/or equipment calculation information,click here)

# Certificate of Need

## Instructions

17. Complete all required information.
18. Click **Save & Next**.

## Key Points

The screenshot displays the 'My Certificate of Need' page in the HFC application system. The user is logged in as Scott Vance. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible in the top right.

<b>Total</b>	<b>\$0.00</b>
<b>C. Financing Costs and Fees:</b>	
1. Interim Financing	<input type="text"/>
2. Underwriting Costs	<input type="text"/>
3. Reserve for One Year's Debt Service	<input type="text"/>
4. Other (Specify) <input type="text" value="Specify Financing"/>	<input type="text"/>
<b>Total</b>	<b>\$0.00</b>
<b>D. Estimated Project Cost (A + B + C)</b>	<b>\$0.00</b>
<b>E. CON Filing Fee</b>	<b>\$3,000.00</b>
<b>F. Total Estimated Project Cost (D + E)</b>	<b>\$3,000.00</b>

Navigation buttons:

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# Certificate of Need

## Instructions

19. Check the **attestation box**.
20. Click **Submit**.

- Your name and date will be auto-populated in the gray fields.

## Key Points

The screenshot displays the 'Attestation' step of an application process. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible in the top right. The left sidebar shows a progress indicator with three steps: 'Basic Information', 'Project Cost', and 'Attestation' (the current step). The main content area is titled 'Attestation' and shows the 'Application Name : PAR-0000002150'. A red box highlights a checkbox with the text: 'I am the applicant or his/her/its legal agent, duly swear that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and T.C.A. 568-11-1601, et seq., and the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.' Below this, there are two input fields: 'Name' (containing 'Scott Vance') and 'Date' (containing '12-14-2022'). At the bottom, there are three buttons: 'Previous', 'Cancel', and 'Submit' (highlighted with a red box).

21. To return to the dashboard, click **Back To Home**.

- You can download your application file by clicking the **Download** button.

The screenshot displays the user interface of the Health Facilities Commission (HFC) web application. At the top left is the HFC logo. The top navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The user's name, Scott Vance, is shown in the top right corner. The main content area is titled 'Acknowledgement' and features a large green checkmark icon. Below the icon, the text reads: 'Thank you for submitting your Letter of intent, you will be notified if you can proceed.' At the bottom of this section, there are two buttons: a dark blue 'Download' button and a white 'Back To Home' button with a red border, which is highlighted to indicate the next step.

# Certificate of Need



## Key Points

- Your application will appear under the **Applications Under Review** tile.

The screenshot shows the HFC (Health Facility Commission) dashboard. At the top left is the HFC logo. The top navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The user 'Scott Vance' is logged in. The dashboard features five summary tiles: 'All Applications' (2), 'Open Applications' (2), 'Closed Applications' (0), 'Applications Under Review' (1), and 'Supplemental Information Required' (0). Below these is a 'Count of Applications' section with a donut chart. The chart is divided into four segments: Open Applications (pink, 2), Closed Applications (orange, 0), Applications Under Review (yellow, 1), and Supplemental Information Required (teal, 0).

Category	Count
All Applications	2
Open Applications	2
Closed Applications	0
Applications Under Review	1
Supplemental Information Required	0

Category	Count
Open Applications	2
Closed Applications	0
Applications Under Review	1
Supplemental Information Required	0

# Relocation Exemption

# Relocation Exemption

## Instructions

1. From the **Dashboard**, click **New Application** or the **Applications** tab to start new application.

The screenshot displays the HFC (Harris Family Care) Dashboard. At the top left is the HFC logo. The top navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is highlighted with a red box in the top right corner. The dashboard features five summary cards, each showing a count of 0 for different application statuses: All Applications, Open Applications, Closed Applications, Applications Under Review, and Supplemental Information Required. Below these cards is a section titled 'Count of Applications' with a legend for Open Applications (pink), Closed Applications (orange), Applications Under Review (yellow), and Supplemental Information Required (teal).

# Certificate of Need

## Instructions

2. Click the **Application Type** drop-down menu to select the type of application to begin.
3. Click **Apply**.

- This flow will focus on the **Relocation Exemption** application type. The **Certificate of Need** application was detailed in the previous section.

## Key Points

The screenshot displays the IFC (Indiana Facility Care) application portal. The user is logged in as Scott Vance. The dashboard shows a 'New Application' button and a 'Select the application type' modal window. The modal window has a red border and contains a dropdown menu for 'Application Type' with options 'Certificate of Need' and 'Relocation Exemption'. A blue arrow points from the dropdown menu in the modal to the 'Apply' button at the bottom right of the modal. The 'Apply' button is also highlighted with a red border.

4. Complete all required information.

• All fields marked with an \* are required.

The screenshot shows a web application interface for the 'Basic Information' section of a Relocation Exemption application. The page header includes the 'Harris Auditor Commission HFC' logo and navigation links: Home, Applications, Payments, My Letter of Intent, My Certificate of Need, and a 'New Application' button. The user 'Scott Vance' is logged in. The left sidebar shows 'Basic Information' as the active section, with 'Attestation' as a sub-option. The main content area is titled 'Basic Information' and displays the application name 'PAR-0000002149'. A red asterisk legend indicates that fields marked with an asterisk are required. A text box provides instructions: 'Please complete every requested field. All fields will populate similar field in the accompanying request. For general instructions, click here.' The form contains the following fields:

- \* Project Name**: Text input field with placeholder 'Enter Project Name'.
- \* Street or Route**: Text input field with placeholder 'Enter Street or Route'.
- \* City**: Text input field with placeholder 'Enter City'.
- \* Zip**: Text input field with placeholder 'Enter Zip'.
- \* Owner Name**: Text input field with placeholder 'Enter Owner Name'.
- \* Management Name**: Dropdown menu.
- \* Relocation Description**: Text area with placeholder 'Enter Relocation Description'.
- \* Anticipated Date of RE Filing**: Date picker with placeholder 'Enter Anticipated Date of RE Filing'.
- \* County**: Text input field with placeholder 'Enter County'.
- \* State**: Dropdown menu.
- \* Facility Type**: Dropdown menu.
- \* Ownership Type**: Dropdown menu.
- \* Publication date**: Date picker with placeholder 'Enter Publication date'.

The bottom of the form is labeled 'Contact Details'.

# Relocation Exemption

## Instructions

5. Complete all required information.
6. Click **Save & Next**.

- All fields marked with an \* are required.

## Key Points

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Management Name

Relocation Description  
Enter Relocation Description

Anticipated Date of RE Filing  
Enter Anticipated Date of RE Filing

Publication date  
Enter Publication date

Contact Details

Contact Person Title  
Enter Contact Person Title

Contact Person First Name  
Scott

Contact Person Last Name  
Vance

Company Name  
MTX

Contact Company Address  
1925 Lynx Lane, Fairbanks, Alaska, 99709

Contact Email ID  
scott.vance@mtxb2b.com

Name of Newspaper  
Enter Name of Newspaper

Cancel **Save & Next**

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# Relocation Exemption

## Instructions

7. Check the **attestation box**.
8. Click **Submit**.

- Your name and date will be auto-populated in the gray fields.

## Key Points

 I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my application shall be liable to cancellation.' There are two input fields: 'Name' (containing 'Scott Vance') and 'Date' (containing '12-14-2022'). At the bottom are 'Previous', 'Cancel', and 'Submit' buttons. The 'Submit' button is highlighted with a red box."/>

IFC

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Basic Information  
Attestation

Attestation Application Name : PAR-0000002149

\* Indicates required field

\*  I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my application shall be liable to cancellation.

Name Date

Scott Vance 12-14-2022

Previous Cancel Submit

# Relocation Exemption

## Instructions

9. To return to the dashboard, click **Back To Home**.

- You can download your application file by clicking the **Download** button.

## Key Points

The screenshot shows the user interface of the HFC (Harris Family Council) website. At the top left is the HFC logo. The top navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The user's name, Scott Vance, is displayed in the top right. The main content area is titled 'Acknowledgement' and features a large green checkmark icon. Below the icon, the text reads: 'Thank you for submitting Letter of Intent, you will be notified if it is acceptable.' At the bottom of this section are two buttons: 'Download' and 'Back To Home'. The 'Back To Home' button is highlighted with a red rectangular border.

# Relocation Exemption



## Key Points

- Your application will appear under the **Applications Under Review** tile.

The screenshot displays the HFC (Harris Family Care) dashboard. At the top left is the HFC logo. The top navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button and a user profile for Scott Vance. The main dashboard area is titled 'Dashboard' and features five summary tiles:

- All Applications: 2
- Open Applications: 2
- Closed Applications: 0
- Applications Under Review: 1
- Supplemental Information Required: 0

Below these tiles is a 'Count of Applications' section containing a donut chart. The chart is divided into four segments: Open Applications (pink, 2), Closed Applications (orange, 0), Applications Under Review (yellow, 1), and Supplemental Information Required (teal, 0). A legend above the chart identifies these categories.

Category	Count
All Applications	2
Open Applications	2
Closed Applications	0
Applications Under Review	1
Supplemental Information Required	0

- If you have not submitted the LOI, the application will be in the draft status. Open the Draft application from the dashboard, click on three dots and download it even before submitting to CON Director.

The screenshot shows the 'All Applications' page in the HFC portal. The header includes the HFC logo, user name 'Prakruthi Kairamkonda', and navigation links: Home, Applications, Payments, My Letter of Intent, My Certificate of Need, and a 'New Application' button. The main content area has a search bar and a dropdown menu set to 'All'. Below is a table with the following data:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATE DATE	ACTIONS
PAR-000000672	Test	Certificate Of Need - LOI	-	Draft	2/14/2023	Download, Edit, ⋮

A red box highlights the 'Download' button in the actions column of the first application row. A blue box with the number '1' is located at the bottom right of the table area. The footer contains the text '© 2022 HFC | All Rights Reserved' and 'Contact Us | Privacy & Terms'.

# Certificate Of Need Application

# CON Application

## Instructions

1. From the Dashboard, click on **All Applications**.

The screenshot displays the Health Utilities Commission (HUC) dashboard. At the top left is the HUC logo. The top right shows the user name "Imran Chowdhury" with a profile icon. A navigation bar includes "Home", "Applications" (with a dropdown arrow), "Payments", "My Letter of Intent", and "My Certificate of Need". A "New Application" button is located on the right side of the navigation bar. The main content area is titled "Dashboard" and features five summary cards: "All Applications" (1), "Open Applications" (1), "Closed Applications" (0), "Applications Under Review" (1), and "Supplemental Information Required" (0). The "All Applications" card is highlighted with a red border. Below the cards is a "Count of Applications" section with a donut chart. The chart is divided into four segments: Open Applications (pink, 1), Closed Applications (orange, 0), Applications Under Review (yellow, 1), and Supplemental Information Required (teal, 0). A legend above the chart identifies the colors for each status.

Application Status	Count
All Applications	1
Open Applications	1
Closed Applications	0
Applications Under Review	1
Supplemental Information Required	0

Count of Applications

- Open Applications
- Closed Applications
- Applications Under Review
- Supplemental Information Required

# CON Application

## Instructions

Find the **Certificate Of Need –LOI** application.

Click on the 3 dots under **Actions**.

The screenshot displays the 'All Applications' page on the HFC website. The user is logged in as Imran Chowdhury. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible in the top right. The main content area shows a search bar and a dropdown menu set to 'All'. Below this is a table of applications:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATED DATE	ACTIONS
PAR-0000000605	Test Project	Certificate Of Need - LOI	-	Submitted	2/6/2023	View ⋮

A red box highlights the 'ACTIONS' column for the first application, which contains a 'View' link and a three-dot menu icon. A blue badge with the number '1' is located in the bottom right corner of the table area. The footer contains the copyright notice '© 2022 HFC | All Rights Reserved' and links for 'Contact Us | Privacy & Terms'.

# CON Application

## Instructions

Click on **Start CON**

To create the certificate Of Need application you do not need the LOI to be accepted. LOI must be accepted once it is time to make payments.

## Key Points

The screenshot displays the 'All Applications' page of the Health Facilities Commission (HFC) web application. The user is logged in as Imran Chowdhury. The page features a navigation bar with links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. Below the navigation bar, the page title is 'All Applications' and a breadcrumb trail shows 'Dashboard > All Applications'. A search bar and a filter dropdown (set to 'All') are present. The main content area contains a table with the following data:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATE
PAR-000000605	Test Project	Certificate Of Need - LOI	-	Submitted	2/6/2023

A dropdown menu is open over the 'CREATE' column of the first row, showing three options: 'Download', 'Start CON' (highlighted with a red box), and 'Withdraw'. A blue square with the number '1' is located at the bottom right of the table area. The footer contains the text '© 2023 HFC | All Rights Reserved' and 'about:blank' on the left, and 'Contact Us | Privacy & Terms' on the right.

Enter the **Website Address** of the Facility, Agency, or Institution.  
Click **Save and Next**.

- You will begin the application with Facility, Agency, or Institution.
- Notice all but Website Address have been auto-populated as they were captured in the LOI.
- Please note your application name can be found on the top right of the application.

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is logged in as Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible. The left sidebar lists application steps, with 'Facility, Agency, or Institution' selected. The main content area is titled 'Facility, Agency, or Institution' and shows an application name 'PAR-000000606'. The form contains several required fields: Project Name (Test Project), Street or Route (test 123), City (TEst), Zip (12345), County (Test County), and State (Tennessee). A Website Address field is present but empty. A note at the bottom states: 'Note: The facility's name and address must be the name and address of the project and must be consistent with the Publication of Intent.' Buttons for 'Cancel' and 'Save and Next' are at the bottom right.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Facility, Agency, or Institution

Application Name - PAR-000000606

\* Indicates required field

1A. Name of Facility, Agency, or Institution

\* Project Name  
Test Project

\* Street or Route  
test 123

\* City  
TEst

\* Zip  
12345

\* County  
Test County

\* State  
Tennessee

\* Website Address  
Enter Website Address

Note: The facility's name and address must be the name and address of the project and must be consistent with the Publication of Intent.

Cancel Save and Next

1. Complete the required fields for 2A. The Information on Contact Person page is auto-populated with the account holder's information and not the Point of Contact listed in the LOI. Update the information, if necessary.
2. Click **Save and Next**.

- Once you are on the second page, you are able to click on the **Previous** button to go back to the other page.
- Click **Save and Next** to save your data and continue the application.
- Click **Cancel** if you need to close the application.

The screenshot displays the 'Contact Person' form within the CON Application web interface. The interface includes a top navigation bar with 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is located in the top right. A sidebar on the left lists various application steps, with 'Contact Person' currently selected. The main form area is titled 'Contact Person' and contains the following fields:

- Application Name:** PAR-000000606
- \* Indicates required field**
- 2A. Contact Person Available for Responses to Questions**
- \* First Name:** Imran
- \* Last Name:** Chowdhury
- \* Title:** Test
- \* Company Name:** Test
- \* Email Address:** imran.chowdhury+1@mtxb2b.com
- \* Street or Route:** Test street
- \* City:** Test
- \* State:** Tennessee
- \* Zip:** 12345
- \* Association With Owner:** Tester
- \* Phone Number:** 123-123-1234

At the bottom of the form, there are three buttons: 'Previous' (highlighted with a red box), 'Cancel' (highlighted with a red box), and 'Save & Next' (highlighted with a red box).

Answer the required fields.

For 4A., you may select multiple check-boxes.

For 5A., use the drop-down button to select the appropriate response.

The screenshot displays the 'Institution Details' page of the CON Application system. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button and the user's name 'Imran Chowdhury'. A sidebar on the left lists various application steps, with 'Institution Details' currently selected. The main content area is titled 'Institution Details' and shows the application name 'PAR-000000606'. A red box highlights the '4A. Purpose of Review' section, which contains a list of checkboxes for selecting reasons for review. Another red box highlights the '5A. Type Of Institution' dropdown menu. At the bottom, there are 'Previous', 'Cancel', and 'Save & Next' buttons.

Health Facilities Commission  
HFC

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Application Name : PAR-000000606

\* indicates required field

Check appropriate box(es) – more than one response may apply

\*4A. Purpose of Review

- Establish New Health Care Institution
- Relocation
- Change in Bed Complement
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of Therapeutic Catheterization
- Positron Emission Tomography (PET) Service
- Initiation of Health Care Service as Defined in STCA 68-11-1607(3)

\*5A. Type Of Institution

Previous Cancel Save & Next

If you select, "Initiation of Health Care Service", a list of related options will appear on the page.  
Select one or more options form the list.

Selections made for 4A and 5A will import links for templates for the General Criteria Section, Items 1N, 5N and 6N which are specific to the project type identified. These templates are also available online on the HFC website under the Criteria and Standards page: [Criteria and Standards \(tn.gov\)](#)

The screenshot shows the user interface of the Health Facilities Commission (HFC) website. At the top left is the HFC logo. The top right shows the user's name, 'Prakruthi Kairamkonda', with a profile icon. Below the header is a navigation bar with links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. A left sidebar contains a vertical list of application steps: 'Owner/Management Information', 'Facility Information', 'Executive Summary', 'Project Cost', 'General Criteria', 'Consumer Advantage', 'Quality Standards', 'Development Schedule', 'Proof of Publication', 'Document Upload', and 'Payment'. The main content area is titled 'Check appropriate box(es) - more than one response may apply'. Under the heading '\* 4A. Purpose of Review', there is a list of checkboxes. The option 'Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)' is selected and highlighted with a red box. Below this, a light blue shaded area contains another list of checkboxes, including 'Burn Unit', 'Neonatal Intensive Care Unit', 'Open Heart Surgery', 'Organ Transplantation', 'Cardiac Catheterization', 'Linear Accelerator', 'Home Health', 'Hospice', and 'Opiate Addiction Treatment Provided through a Non-Residential Substitution-Based Treatment Section for Opiate Addiction'. A red arrow points from the 'General Criteria' step in the sidebar to this list. At the bottom, under the heading '\* 5A. Type Of Institution', there is a dropdown menu.

If you select Hospital for 5A section, specify the Hospital name in the subsequent field.  
Click **Save and Next**.

Health Facilities Commission  
HFC

Prakruthi Kairamkonda

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Check appropriate box(es) – more than one response may apply

**\*4A. Purpose of Review**

- Establish New Health Care Institution
- Relocation
- Change in Bed Complement
- Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- Initiation of MRI Service
- MRI Unit Increase
- Satellite Emergency Department
- Addition of Therapeutic Catheterization
- Positron Emission Tomography (PET) Service
- Initiation of Health Care Service as Defined in STCA 68-11-1607(3)

**\*5A. Type Of Institution**

Hospital

**\*Specify Hospital**

TN Hospital

Previous Cancel Save & Next

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Answer the required fields.

Please note 7A. will be pre-populated from the LOI.

The screenshot displays the 'CON Application' web interface. At the top left is the HFC logo. The user 'Imran Chowdhury' is logged in. The navigation menu includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible. The left sidebar shows a progress list with 'Owner/Management Information' selected. The main content area is titled 'Owner/Management Information' and shows 'Application Name : PAR-000000606'. Section 6A, 'Name of Owner of the Facility, Agency, or Institution', contains required fields for Name, Phone Number, Street or Route, City, State, and Zip. Section 7A, 'Type of Ownership of Control', has a dropdown menu currently set to 'Sole Proprietorship'. Below the form, there are two text boxes: one for attaching partnership agreements or corporate charters, and another for describing the ownership structure.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Application Name : PAR-000000606

**Owner/Management Information**

\* indicates required field

**6A. Name of Owner of the Facility, Agency, or Institution**

\* Name  
test

\* Phone Number \* Street or Route

\* City \* State

\* Zip

**7A. Type of Ownership of Control**

\* Type of Ownership of Control  
Sole Proprietorship

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx> . If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's

# CON Application

## Instructions

Answer the required fields.

Click **Save and Next**.

The screenshot shows a web application interface for a CON (Certificate of Need) application. At the top left is the logo for the Health Facilities Commission (HFC). The top navigation bar includes links for Home, Applications (with a dropdown arrow), Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is located on the right side of the navigation bar. The user's name, Imran Chowdhury, is displayed in the top right corner next to a profile icon. The main content area contains several sections:

- \* 8A. Management Information**: A dropdown menu currently showing 'Itself'.
- \* 9A. Legal Interest in the Site**: A list of checkboxes with corresponding descriptions:
  - Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
  - Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
  - Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
  - Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
  - Letter of Intent, or other document showing a commitment to lease the property - attach reference document
  - Other
- \* Please explain**: A large text input field.
- \* TCA §68-11-1607(c)(9)(B) states that "... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested." Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.**: A section with four radio button options:
  - Notification Attached
  - Notification in process, attached at a later date
  - Notification not in process, contact HFC Staff
  - Not Applicable

At the bottom of the form, there are three buttons: 'Previous' (disabled), 'Cancel', and 'Save & Next'.

Answer the required fields.

Click **Save and Next**.

The screenshot displays the 'CON Application' web interface. At the top left is the 'Health Facilities Commission' logo. The user 'Imran Chowdhury' is logged in, as shown in the top right. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. A sidebar on the left lists application steps: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information; **Facility Information** (current step); Executive Summary; Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload; and Payment. The main content area is titled 'Facility Information' and shows the application name 'PAR-000000606'. It contains three sections: '\*10A. Floor Plan' with a text area, '\*11A. Public Transportation Route' with a text area, and '\*12A. Plot Plan' with a text area. A legend indicates that red asterisks denote required fields.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Application Name - PAR-000000606

**Facility Information**

\* indicates required field

**\*10A. Floor Plan**

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page.(Attachment 10A)

- Patient care rooms (Private or Semi-private),
- Ancillary areas
- Other (Specify)

**\*11A. Public Transportation Route**

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

**\*12A. Plot Plan**

Unless relating to home care organization, briefly describe the following and attach a simple plot plan legibly labeling all requested information. It must include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation;
- Names of streets, roads, or highways that cross or border the site. (Attachment 12A)

Answer the required fields.  
Click **Save and Next**.

This page consists of Rich Text and Text field types and the character limit for both the field types is 10,000.  
The Rich Text field consists of Rich Text Editor that is used to format text (Font Type, Bold, Italic, Underline).

The screenshot displays the 'CON Application' web interface. At the top left is the Health Facilities Commission (HFC) logo. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The user 'Imran Chowdhury' is logged in. A sidebar on the left lists application steps: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information; Facility Information; **Executive Summary** (current step); Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload; and Payment. The main content area is titled 'Executive Summary' and shows 'Application Name - PAR-000000606'. A red asterisk indicates a required field. A warning message states: 'Please fill all the required fields marked with asterisk(\*)'. The '1E. Overview' section includes a description field with a rich text editor (Salesforce Sans font, size 12, and bold, italic, underline, and list icons). Below are text input fields for '\* Ownership Structure', '\* Service Area', and '\* Existing Similar Service Providers'.

## Instructions

You may add images to provide better descriptions to your response.  
Click on the image icon.

- On the application you will come across **Rich Text** fields. Here you may add images to provide better descriptions to your response.
- Please note, **do not** copy and paste images onto the rich text fields only use the image icon.

## Key Points

The screenshot displays the 'CON Application' web interface. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible in the top right. The user's name, 'Imran Chowdhury', is shown in the top right corner. The left sidebar contains a list of application sections: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information; Facility Information; Executive Summary (highlighted); Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload; and Payment. The main content area is titled 'Executive Summary' and shows the '1E. Overview' section. A red asterisk indicates a required field. The description field is a rich text editor with a toolbar containing various icons, including an image icon highlighted with a blue arrow. The image icon is also highlighted with a red box. Below the description field are several other required fields: Ownership Structure, Service Area, Existing Similar Service Providers, and Project Cost.

# CON Application

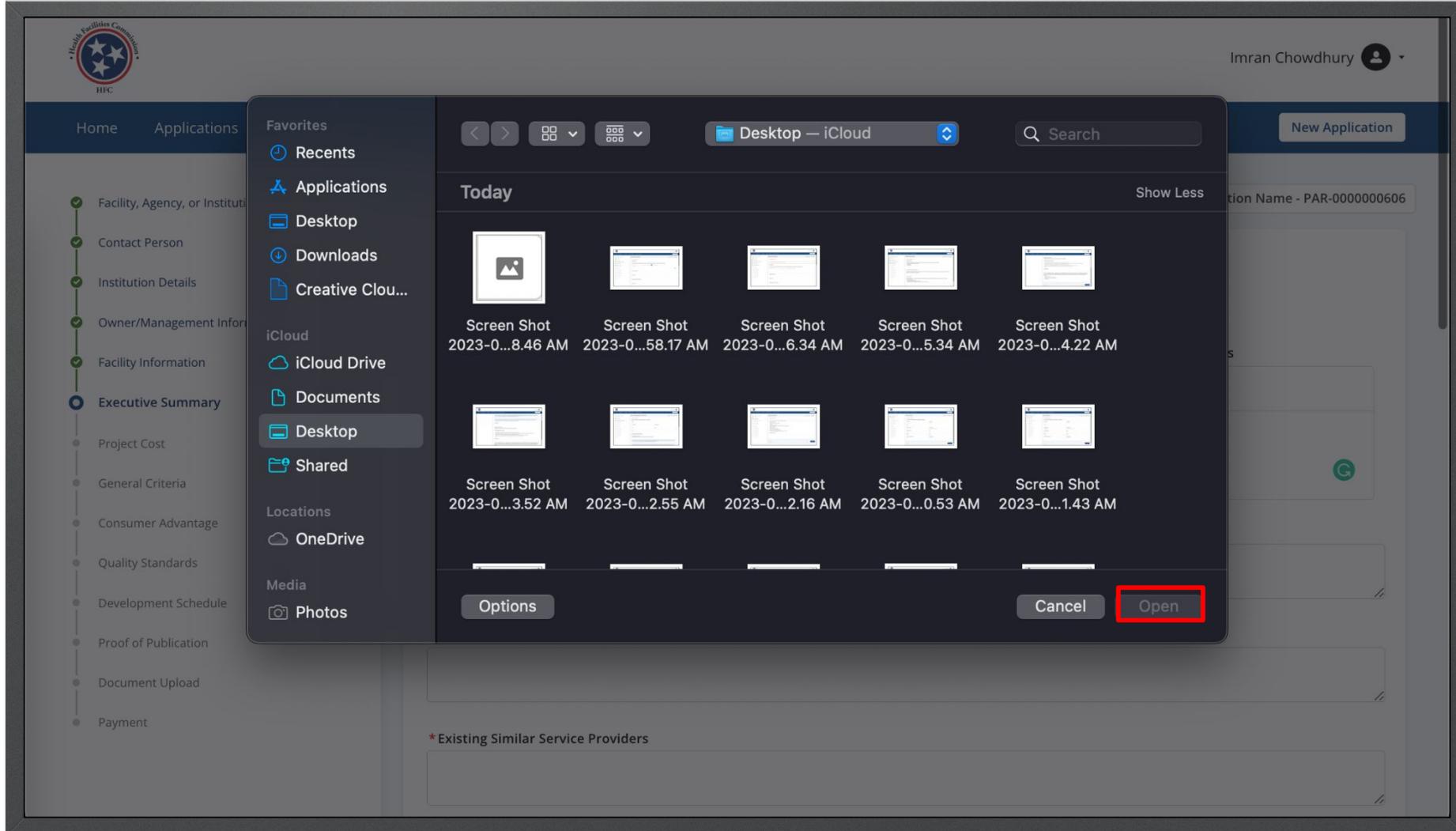
## Instructions

Select the image file you want to upload.

Click **Open**.

Please note this image in based on the device you are using not the application. You may see a different view than this image.

## Key Points



You can add multiple images to the rich text field. You can view the image as it will now populate on the field.

- Uploading image in the Rich Text field will impact the character limit.
- The image should not be greater than 1 MB.

The screenshot displays the 'CON Application' web interface. At the top left is the 'Health Facilities Commission HFC' logo. The user 'Imran Chowdhury' is logged in, as shown in the top right. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. A sidebar on the left lists application steps: Facility, Agency, or Institution; Contact Person; Institution Details; Owner/Management Information; Facility Information; Executive Summary (highlighted); Project Cost; General Criteria; Consumer Advantage; Quality Standards; Development Schedule; Proof of Publication; Document Upload; and Payment. The main content area is titled 'Executive Summary' and shows 'Application Name - PAR-000000606'. A red asterisk indicates a required field. The section '1E. Overview' contains a rich text editor with a toolbar (font: Salesforce Sans, size: 12, bold, italic, underline, strikethrough, bulleted list, numbered list, indent, outdent, link, unlink, insert image) and a text area with a placeholder image icon and the text 'Test Description'. Below this are two more required fields: '\*Ownership Structure' and '\*Service Area'.

# CON Application

## Instructions

Answer the required fields.  
Click **Save and Next**.

If you exit the application without saving, date entered in the fields will be not be saved except the date entered in the RichText field.

## Key Points

The screenshot shows the 'CON Application' web form interface. At the top left is the Health Facilities Commission (HFC) logo. The user's name, 'Imran Chowdhury', is displayed in the top right corner. A navigation menu includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is located in the top right of the navigation bar. The main content area contains several required fields, each with a red asterisk:

- \*Choice**: A text input field.
- \*Improved access/availability to health care service(s)**: A text input field.
- \*Affordability**: A text input field.
- \* 3E. Consent Calendar Justification**: A section with two radio button options:
  - Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
  - Consent Calendar NOT Requested

Below the radio buttons is a text box containing the instruction: "If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed."

At the bottom of the form, there are three buttons: 'Previous', 'Cancel', and 'Save & Next'.

View the **Project Cost**.

The project cost will be auto populated based on the LOI. If changes need to be made update the fields.

The screenshot displays the 'Project Cost' section of the CON Application interface. On the left, a vertical navigation menu lists various steps, with 'Project Cost' highlighted. The main content area features a header with the 'Health Facilities Commission' logo and the user's name 'Imran Chowdhury'. Below the header is a navigation bar with links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The 'Project Cost' section includes a text input field for entering currency in whole \$ amounts. Below this is a table titled 'A. Construction and equipment acquired by purchase:' with seven rows, each containing a description and a corresponding value in a text input field.

A. Construction and equipment acquired by purchase:	
1. Architectural and Engineering Fees	\$1,200
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	\$1,200
3. Acquisition of Site	\$121,200
4. Preparation of Site	\$1,200
5. Total Construction Costs	\$1,200
6. Contingency Fund	\$1,200
7. Fixed Equipment (Not included in Construction Contract)	\$1,200

# CON Application

## Instructions

View the **Project Cost**.

Click **Save and Next**.

The screenshot shows a web application interface for a CON Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is displayed in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area is a form titled 'Project Cost' with a table of items and their costs. The table has two columns: 'Item' and 'Cost'. The items are: 1. Interim Financing (\$1,200), 2. Underwriting Costs (\$1,200), 3. Reserve for One Year's Debt Service (\$1,200), 4. Other (Specify) (\$1,200), Total (\$4,800.00), D. Estimated Project Cost (A + B + C) (\$141,600.00), E. CON Filing Fee (\$3,000.00), and F. Total Estimated Project Cost (D + E) (\$144,600.00). At the bottom of the form are three buttons: 'Previous', 'Cancel', and 'Save & Next'.

Item	Cost
1. Interim Financing	\$1,200
2. Underwriting Costs	\$1,200
3. Reserve for One Year's Debt Service	\$1,200
4. Other (Specify) <input type="text" value="\$1,200"/>	\$1,200
<b>Total</b>	<b>\$4,800.00</b>
<b>D. Estimated Project Cost (A + B + C)</b>	<b>\$141,600.00</b>
<b>E. CON Filing Fee</b>	<b>\$3,000.00</b>
<b>F. Total Estimated Project Cost (D + E)</b>	<b>\$144,600.00</b>

Read the **General Criteria** information.

Read the information on this page to understand the correct information that is required. Once you are done proceed to 1N.

These questions are **Rich Text** fields. (Click [slide](#) for more details)

All fields are savable individually on this page so you can save and exit without losing information.

The screenshot displays the 'General Criteria' section of the CON Application. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. The user 'Imran Chowdhury' is logged in. A sidebar on the left lists application steps, with 'General Criteria' selected. The main content area features a warning box: 'Please fill all the required field marked with asterisk(\*)'. Below this is a text box with the following text: 'In accordance with TCA §68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers." In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply. Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11. The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.' A 'Need' section follows with the text: 'The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.' A footnote at the bottom states: '\*1N. Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. https://www.tn.gov/content/dam/tn/hsda/documents/Magnetic\_Resonance\_Imaging.docx ( Attachment 1N, see template here )'



# CON Application

## Instructions

Select the drop-down under **Historical Utilization**.  
Select a **Unit Type (aka Utilization Type)**.  
Use the Drop down under **Most Recent Year** to select a year.  
Click **Add a County**.

- You will have to option to choose Applicable or not Applicable from the drop-down. If you choose **Applicable**, you will need to provide more information.
- When you click on **Add a County** you will receive a box to add more information.

## Key Points

The screenshot shows the 'CON Application' web form. At the top left is the 'Health Facilities Commission HFC' logo. The user 'Imran Chowdhury' is logged in. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. The main content area has a heading: 'Complete the following utilization tables for each county in the service area, if applicable.' Below this is the 'Historical Utilization (Not Applicable to a new facility)' section. It contains a dropdown menu for '\* Choose if Applicable or Not Applicable' with 'Applicable' selected. Underneath is the 'Historical Utilization' section with a '\* Unit Type' dropdown menu where 'Procedures' is selected. Below that is a '\* Most Recent Year' dropdown menu. At the bottom of the form is a blue 'Add a County' button. A table with columns 'COUNTY NAME', 'ZIP CODE', 'HISTORICAL UTILIZATION', and '% OF TOTAL' is partially visible below the button. Red boxes highlight the 'Applicable' dropdown, the 'Unit Type' dropdown, the 'Most Recent Year' dropdown, and the 'Add County' button.

# CON Application

## Instructions

Enter the required Fields.  
Click **Save**.

You need to include ZIP codes for the projects that have service areas defined at the ZIP code level.

## Key Points

The screenshot displays the 'Add a County' modal form within the CON Application web interface. The interface includes a top navigation bar with the HFC logo and user profile 'Imran Chowdhury'. The main navigation menu contains 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. A dropdown menu is open under 'Applications', showing '\* Choose if Applicable or Not Applicable' with 'Applicable' selected. The modal form has the following fields:

- \* indicates required field
- \* County Name (dropdown menu)
- Zip Code (text input with 'Placeholder' text)
- \* Historical Utilization (text input)

At the bottom of the modal, there are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red border. Below the modal, the 'Projected Utilization' section is partially visible, showing a '\* Unit Type' dropdown with options:  Procedures,  Cases,  Patients, and  Other.

# CON Application

## Key Points

You are able to **Edit** or **Delete** the county under **Action**.

You may add more than 1 county.

The screenshot displays the 'CON Application' web interface. At the top left is the logo for the Health Facilities Commission (HFC). The user 'Imran Chowdhury' is logged in. The navigation menu includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible in the top right.

The main content area contains several form fields:

- \* Choose if Applicable or Not Applicable: A dropdown menu currently set to 'Applicable'.
- Historical Utilization: A section header.
- \* Unit Type: Radio buttons for 'Procedures' (checked), 'Cases', 'Patients', and 'Other'.
- \* Most Recent Year: An empty dropdown menu.

Below these fields is a table with the following data:

ZIP CODE	HISTORICAL UTILIZATION	% OF TOTAL	ACTION
12345	12.00	100	[Dropdown menu with 'Edit' and 'Delete' options]
<b>TOTAL</b>	<b>12.00</b>	<b>100.00 %</b>	

The 'ACTION' column for the row with ZIP CODE 12345 is highlighted with a red box, showing a dropdown menu with 'Edit' and 'Delete' options.



# CON Application

## Instructions

Enter the required Fields.

Click **Save**.

The screenshot displays the 'Projected Utilization' modal form within a web application. The form is titled 'Add a County' and includes the following fields:

- \* County Name**: A dropdown menu with a downward arrow.
- Zip Code**: A text input field with the placeholder text 'Placeholder'.
- \* Projected Utilization**: A text input field.

At the bottom of the modal, there are two buttons: a 'Cancel' button and a 'Save' button. The 'Save' button is highlighted with a red rectangular border. Above the modal, the user's name 'Imran Chowdhury' is visible in the top right corner. The navigation bar includes links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. Below the modal, a text area is partially visible with the instruction: '\*3N. A. Describe the demographics of the population to be served by the proposal. • Use this chart as an example'. A rich text editor toolbar is also visible at the bottom of the page.

# CON Application

## Instructions

You are able to **Edit** or **Delete** the county under **Action**.

You may add more than 1 county.

The screenshot displays the user interface for the CON Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. Below the navigation bar, there are checkboxes for 'Patients' and 'Other', and a dropdown menu for '\*Year 1'. The main content area features a table with the following data:

ZIP CODE	PROJECTED UTILIZATION	% OF TOTAL	ACTION
12345	12.00	100	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<b>TOTAL</b>	<b>12.00</b>	<b>100.00%</b>	

Below the table, there is a section for '\*3N. A. Describe the demographics of the population to be served by the proposal.' with a bullet point: 'Use this chart as an example'. At the bottom, there is a rich text editor with a toolbar containing options for font style (Salesforce Sans), size (12), bold, italic, underline, link, and other formatting tools.

Specific instructions for incorporating the demographic table in Item 3N need to be included

All fields are savable individually on this page so you can save and exit without losing information.  
Additional information can be incorporated to the application through Attachments for each Item on this page.

The screenshot shows the user interface of the Health Facilities Commission (HFC) application system. The user is logged in as Pragruthi Kairamkonda. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible in the top right. The main content area displays the instruction for Item 3N, which is highlighted with a red box. The instruction reads: '\*3N. A. Describe the demographics of the population to be served by the proposal. Use this chart as an example'. Below the instruction is a rich text editor with a toolbar containing options for font (Salesforce Sans), size (12), bold (B), italic (I), underline (U), strikethrough (ABC), bulleted list, numbered list, indent, outdent, link, unlink, and insert link. The instruction continues with '\*B. Provide the following data for each county in the service area:' followed by a list of requirements: using current and projected population data from the Department of Health, the most recent enrollee data from the Division of TennCare, and US Census Bureau demographic information. Below this is another rich text editor. The instruction concludes with '\*4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.' followed by a third rich text editor.

Health Facilities Commission  
HFC

Pragruthi Kairamkonda

Home Applications Payments My Letter of Intent My Certificate of Need New Application

**\*3N. A. Describe the demographics of the population to be served by the proposal.**

- Use this chart as an example

Salesforce Sans 12 B I U ABC

**\*B. Provide the following data for each county in the service area:**

- Using current and projected population data from the Department of Health. ([www.tn.gov/health/health-program-areas/statistics/health-data/population.html](http://www.tn.gov/health/health-program-areas/statistics/health-data/population.html));
- the most recent enrollee data from the Division of TennCare (<https://www.tn.gov/tenncare/information-statistics/enrollment-data.html>),
- and US Census Bureau demographic information(<https://www.census.gov/quickfacts/fact/table/US/PST045219>).

Salesforce Sans 12 B I U ABC

**\*4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.**

Salesforce Sans 12 B I U ABC

Answer the required questions.

Templates in 1N, 5N, and 6N should reflect the specific criteria and standards that apply to the your project, and if they do not, to please recheck the selections made in 4A and 5A. Additional information can be incorporated to the application through Attachments for each question on this page

**Health Facilities Commission**  
HFC

Prakruthi Kairamkonda

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

**\*5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.**

**\*6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.**

**\*7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.**

# CON Application

## Instructions

Click on **Add CoN** if applicable.

When you click on **Add a CoN** you will receive a box to add more information.

## Key Points

The screenshot displays the user interface of the Health Facilities Commission (HFC) application portal. At the top left is the HFC logo. The top right shows the user's name, Imran Chowdhury, with a profile icon. A navigation bar contains links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area features a text editor with a toolbar and a table titled 'Add a CON'. The table has columns for CON NUMBER, PROJECT NAME, PROJECT STATUS, DATE APPROVED, EXPIRATION DATE, and PERCENT OF OWNERSHIP. A red box highlights the 'Add CoN' button below the table. To the right of the button is a link: 'Click here for outstanding CoN List'. At the bottom of the page are 'Previous', 'Cancel', and 'Save & Next' buttons.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need New Application

\*7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

Salesforce Sans 12 B I U

CON NUMBER	PROJECT NAME	PROJECT STATUS	DATE APPROVED	EXPIRATION DATE	PERCENT OF OWNERSHIP
------------	--------------	----------------	---------------	-----------------	----------------------

**Add CoN** [Click here for outstanding CoN List](#)

Previous Cancel Save & Next

# CON Application

## Instructions

Enter the required Fields.

Click **Save**.

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is logged in as Imran Chowdhury. The main navigation bar includes Home, Applications, Payments, My Letter of Intent, My Certificate of Need, and a New Application button. A modal window titled "Add a CON" is open, containing a form with the following fields:

- \* CON Number
- \* Project Name
- \* Project Status
- \* Date Approved
- \* Expiration Date
- Percent Of Ownership

At the bottom of the modal, there are "Cancel" and "Save" buttons. The "Save" button is highlighted with a red box. Below the modal, a table header is visible with columns: CON NUMBER, PROJECT NAME, PROJECT STATUS, DATE APPROVED, EXPIRATION DATE, and PERCENT OF OWNERSHIP. A link "Click here for outstanding Con List" is also present. At the bottom of the page, there are "Previous", "Cancel", and "Save & Next" buttons.

# CON Application

## Instructions

You are able to **Edit** or **Delete** the CoN under **Action**.

You may add more than 1 CoN.

The screenshot displays the user interface for the Health Facilities Commission (HFC). At the top left is the HFC logo. The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area features a text editor with a rich text toolbar and a table of outstanding CoNs. The table has columns for Project Name, Project Status, Date Approved, Expiration Date, Percent of Ownership, and Action. A red box highlights the 'Action' column for the first row, which contains a dropdown menu with 'Edit' and 'Delete' options. A 'Click here for' link is also visible near the dropdown. At the bottom of the page are 'Previous', 'Cancel', and 'Save & Next' buttons.

**\*7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.**

PROJECT NAME	PROJECT STATUS	DATE APPROVED	EXPIRATION DATE	PERCENT OF OWNERSHIP	ACTION
Test	Draft	02-09-2023	02-16-2023		<a href="#">Click here for</a> Edit Delete

# CON Application

## Instructions

Click **Click here** to download the outstanding CoN List.  
Click **Save and Next**.

You may view outstanding CoN Lists. Once you click on the link you will see a spreadsheet has been downloaded.

## Key Points

The screenshot displays the HFC application portal interface. At the top left is the HFC logo. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The main content area features a text editor with a toolbar and a table titled 'Add a CON'. The table has columns for 'CON NUMBER', 'PROJECT NAME', 'PROJECT STATUS', 'DATE APPROVED', 'EXPIRATION DATE', and 'PERCENT OF OWNERSHIP'. A single row is visible with the following data: 'AB1234-123', 'Test', 'Draft', '02-09-2023', '02-16-2023'. Below the table is an 'Add CoN' button. A red box highlights a link that says 'Click here for outstanding CoN List'. At the bottom of the page, a blue bar contains a file download icon and the text 'HFC-Outstandin....xlsx', which is also highlighted with a red box. A 'Show All' button is located in the bottom right corner.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need New Application

\*7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

Salesforce Sans 12 B I U [Rich Text Editor Icons]

Add a CON

CON NUMBER	PROJECT NAME	PROJECT STATUS	DATE APPROVED	EXPIRATION DATE	PERCENT OF OWNERSHIP
AB1234-123	Test	Draft	02-09-2023	02-16-2023	

Add CoN

[Click here for outstanding CoN List](#)

HFC-Outstandin....xlsx Show All

Answer the required fields.

The screenshot displays the 'Consumer Advantage' section of the application. On the left is a vertical navigation menu with 14 items, each preceded by a green checkmark icon. The 'Consumer Advantage' item is highlighted with a blue circle. The main content area is titled 'Consumer Advantage' and includes an 'Application Name : PAR-000000606' label. A red asterisk legend indicates required fields. A warning box states: 'Please fill all the required field marked with asterisk(\*)'. Below this is a text box with the instruction: 'The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area'. Two required questions are listed: '\*1C. List all transfer agreements relevant to the proposed project.' and '\*2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant'. A list of insurance providers follows, each with an unchecked checkbox: Aetna Health Insurance Company, Ambetter of Tennessee Ambetter, Blue Cross Blue Shield of Tennessee, Blue Cross Blue Shield of Tennessee Network S, Blue Cross Blue Shiled of Tennessee Network P, BlueAdvantage, Bright HealthCare, Cigna PPO, Cigna Local Plus, Cigna HMO - Nashville Network, and Cigna HMO - Tennessee Select.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name : PAR-000000606

**\* indicates required field**

**Please fill all the required field marked with asterisk(\*)**

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area

**\*1C. List all transfer agreements relevant to the proposed project.**

**\*2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant**

- Aetna Health Insurance Company
- Ambetter of Tennessee Ambetter
- Blue Cross Blue Shield of Tennessee
- Blue Cross Blue Shield of Tennessee Network S
- Blue Cross Blue Shiled of Tennessee Network P
- BlueAdvantage
- Bright HealthCare
- Cigna PPO
- Cigna Local Plus
- Cigna HMO - Nashville Network
- Cigna HMO - Tennessee Select

Facility, Agency, or Institution

Contact Person

Institution Details

Owner/Management Information

Facility Information

Executive Summary

Project Cost

General Criteria

**Consumer Advantage**

Quality Standards

Development Schedule

Proof of Publication

Document Upload

Payment

# CON Application

## Instructions

Answer the required fields.

Notice these fields are Rich Text. (View slide 40 for more information).

## Key Points

The screenshot displays the user interface for a CON Application. At the top left is the logo for the Health Facilities Commission (HFC). The top right shows the user's name, Imran Chowdhury, with a profile icon. A navigation bar contains links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area features three rich text input fields, each with a toolbar containing options for font (Salesforce Sans), size (12), bold (B), italic (I), underline (U), strikethrough (ABC), bulleted list, numbered list, indent, outdent, link, unlink, and insert image. The questions are as follows:

- \*3C.** Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.
- \*4C.** Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.
- \*5C.** Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

At the bottom, the start of question 6C is visible: "6C: Historical and Projected Data Charts".

1. Click on the arrow to expand the Historical Data Chart section and enter the data in the text fields.
2. **Historical Data Chart** needs to be completed if it is applicable to this project, else check the **Not Applicable** box.

- Under Historical Data Chart, you must report the last 3 years that are available for the facility or agency, unless no history exists.
- If you don't want to specify Other Operating Revenue, enter NA in the field.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Historical Data Chart

Give information for the last three (3) years for which complete data are available for the facility or agency.

Historical Project Only  Not Applicable

	* Year 1	* Year 2	* Year 3
A. Utilization Data	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Specify Unit of Measure	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Procedures <input type="checkbox"/> Case <input type="checkbox"/> Patients <input type="checkbox"/> Other			
B. Revenue from Services to Patients			
* Inpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Emergency Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Other Operating Revenue <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Operating Revenue	\$0.00	\$0.00	\$0.00

# CON Application

## Instructions

Enter the data in the text fields.  
Click **Save**.

Use the **Save** button located after the table to save your data before proceeding to Historical Total Facility. Please note clicking **Save** only saves the table data and not the information you may have provided for the entire page

## Key Points

The screenshot displays the 'CON Application' web interface. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, 'Imran Chowdhury', is shown in the top right. A navigation bar includes links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The main content area features a table with financial data. The table has four columns and several rows. The rows include: '\* Emergency Services' with values of \$1,200.00; '\* Other Operating Revenue' with a value of \$1,200.00 and a text input field containing 'n/a'; 'Total Gross Operating Revenue' with a total of \$4,800.00; a section header 'C. Deductions from Gross Operating Revenue'; '\* Contractual Adjustments' with \$1,200.00; '\* Provision for Charity Care' with \$1,200.00; '\* Provisions for Bad Debt' with \$1,200.00; 'Total Deductions' with \$3,600.00; and 'Net Operating Revenue' with a total of \$1,200.00. Below the table, there is a 'Save' button highlighted with a red box, and a checkbox labeled 'Not Applicable' for the 'Historical Total Facility' section.

* Emergency Services		\$1,200.00	\$1,200.00	\$1,200.00
* Other Operating Revenue	n/a	\$1,200.00	\$1,200.00	\$1,200.00
Total Gross Operating Revenue		\$4,800.00	\$4,800.00	\$4,800.00
C. Deductions from Gross Operating Revenue				
* Contractual Adjustments		\$1,200.00	\$1,200.00	\$1,200.00
* Provision for Charity Care		\$1,200.00	\$1,200.00	\$1,200.00
* Provisions for Bad Debt		\$1,200.00	\$1,200.00	\$1,200.00
Total Deductions		\$3,600.00	\$3,600.00	\$3,600.00
Net Operating Revenue		\$1,200.00	\$1,200.00	\$1,200.00

Save

Not Applicable

Historical Total Facility

# CON Application

## Instructions

Enter the data in the text fields.  
Click **Save**.

If this portion is not applicable click on the **Not Applicable** check box.

## Key Points

The screenshot shows the 'Historical Total Facility' section of the CON Application form. At the top right, the user 'Imran Chowdhury' is logged in. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. A 'Not Applicable' checkbox is highlighted with a red box. The main table has columns for '\*Year 1', '\*Year 2', and '\*Year 3'. The table is divided into sections: 'A. Utilization Data' with a dropdown for year selection and a table for 'Specify Unit of Measure' (Procedures, Case, Patients, Other); 'B. Revenue from Services to Patients' with rows for Inpatient, Outpatient, and Emergency Services, plus 'Other Operating Revenue' with a 'Please Specify' field; and 'C. Deductions from Gross Operating Revenue' with a row for 'Contractual Adjustments'. The 'Total Gross Operating Revenue' row shows \$0.00 for all three years.

Historical Total Facility			
	*Year 1	*Year 2	*Year 3
<b>A. Utilization Data</b>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Specify Unit of Measure	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Procedures			
<input type="checkbox"/> Case			
<input type="checkbox"/> Patients			
<input type="checkbox"/> Other			
<b>B. Revenue from Services to Patients</b>			
*Inpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Emergency Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Other Operating Revenue <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Gross Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Deductions from Gross Operating Revenue</b>			
*Contractual Adjustments	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click on the arrow to expand the Projected Data Chart section and enter the data in the text fields.

Click **Save**.

The screenshot displays the 'Projected Data Chart' section of the CON Application. At the top left is the Health Facilities Commission (HFC) logo. The top right shows the user name 'Imran Chowdhury' with a profile icon. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The main content area is titled 'Projected Data Chart' and contains a text box for providing information for the two years following the proposal. Below this is a table for 'Projected Project Only' data.

		* Year 1	* Year 2
A. Utilization Data		<input type="text"/>	<input type="text"/>
* Specify Unit of Measure	<input type="checkbox"/> Procedures <input type="checkbox"/> Case <input type="checkbox"/> Patients <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
B. Revenue from Services to Patients			
* Inpatient		<input type="text"/>	<input type="text"/>
* Outpatient		<input type="text"/>	<input type="text"/>
* Emergency Services		<input type="text"/>	<input type="text"/>
* Other Operating Revenue	<input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text"/>
Total Gross Operating Revenue		\$0.00	\$0.00

# CON Application

## Key Points

- The **Total Gross Operating Revenue** and **Provision for Charity Care** amounts listed in the Projected Project Only Data Chart must match the amounts listed in Item 10C – Payor Mix Chart. If the totals do not match, you will not be able to save and proceed with the application.

The screenshot displays the 'CON Application' web interface. At the top left is the Health Facilities Commission (HFC) logo. The user 'Imran Chowdhury' is logged in. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The main content area is a table with the following rows:

* Outpatient	<input type="text"/>	<input type="text"/>
* Emergency Services	<input type="text"/>	<input type="text"/>
* Other Operating Revenue	<input type="text" value="Please Specify"/>	<input type="text"/>
<b>Total Gross Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>
C. Deductions from Gross Operating Revenue		
* Contractual Adjustments	<input type="text"/>	<input type="text"/>
<b>* Provision for Charity Care</b>	<input type="text"/>	<input type="text"/>
* Provisions for Bad Debt	<input type="text"/>	<input type="text"/>
Total Deductions	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
<b>Net Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>

A 'Save' button is located at the bottom right of the form.

# CON Application

## Instructions

Enter the data in the text fields.  
Click **Save**.

Use the **Save** button located after the table to save your data before proceeding to Projected Total Facility. Please note clicking **Save** only saves the table data and not the information you may have provided for the entire page

## Key Points

The screenshot displays the 'CON Application' web interface. At the top left is the Health Facilities Commission (HFC) logo. The user's name, 'Imran Chowdhury', is shown in the top right. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. The main content area is a table with three columns: a description column and two numerical columns. The table is divided into two sections: 'A. Operating Revenue' and 'C. Deductions from Gross Operating Revenue'. The 'Total Gross Operating Revenue' row shows \$0.00 in both numerical columns. The 'Total Deductions' row shows \$0.00 in both numerical columns. The 'Net Operating Revenue' row at the bottom shows \$0.00 in both numerical columns. A red box highlights the 'Save' button at the bottom right of the table.

* Outpatient	<input type="text"/>	<input type="text"/>
* Emergency Services	<input type="text"/>	<input type="text"/>
* Other Operating Revenue <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text"/>
<b>Total Gross Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Deductions from Gross Operating Revenue</b>		
* Contractual Adjustments	<input type="text"/>	<input type="text"/>
* Provision for Charity Care	<input type="text"/>	<input type="text"/>
* Provisions for Bad Debt	<input type="text"/>	<input type="text"/>
<b>Total Deductions</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Net Operating Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>

# CON Application

## Instructions

Enter the data in the text fields.  
Click **Save**.

If this portion is not applicable click on the **Not Applicable** check box.  
If there is no revenue for any particular item, enter zero (0) amounts in the field in order to save and proceed.

## Key Points

The screenshot displays the 'Projected Total Facility' section of the CON Application. At the top right, there is a 'New Application' button and a user profile for 'Imran Chowdhury'. The main content area is a table with columns for '\*Year 1' and '\*Year 2'. The table is divided into sections: 'A. Utilization Data', 'B. Revenue from Services to Patients', and 'C. Deductions from Gross Operating Revenue'. A red box highlights the 'Not Applicable' checkbox in the top right corner of the table area.

		*Year 1	*Year 2
<b>A. Utilization Data</b>		<input type="text"/>	<input type="text"/>
*Specify Unit of Measure	<input type="checkbox"/> Procedures <input type="checkbox"/> Case <input type="checkbox"/> Patients <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<b>B. Revenue from Services to Patients</b>			
* Inpatient		<input type="text"/>	<input type="text"/>
* Outpatient		<input type="text"/>	<input type="text"/>
* Emergency Services		<input type="text"/>	<input type="text"/>
* Other Operating Revenue	<input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text"/>
<b>Total Gross Operating Revenue</b>		<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Deductions from Gross Operating Revenue</b>			
* Contractual Adjustments		<input type="text"/>	<input type="text"/>



Enter the required Fields.

**Health Facilities Commission**  
HFC

Prakruthi Kairamkonda

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

**\*9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).(Attachment 9C)**

Rich text editor toolbar: Salesforce Sans, 12, Bold, Italic, Underline, Strikethrough, Bulleted List, Numbered List, Indent, Outdent, Link, Image, Unlink.

**\*10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.**

Payor Source	Year 1		Year 2	
	Gross	% of Total	Gross	% of Total
Medicare/Medicare Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
TennCare/Medicaid	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Commercial/Other Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

# CON Application

## Instructions

Enter the required Fields.

Notice 10C. The information must match those from the Projected Utilization charts.

Percentage of total columns and the Total rows will be auto-calculated.

## Key Points

**\*10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.**

Payor Source	Year 1		Year 2	
	Gross	% of Total	Gross	% of Total
Medicare/Medicare Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
TennCare/Medicaid	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Commercial/Other Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Self-Pay	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Other (Specify) <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="\$0.00"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0"/>
Charity Care	<input type="text"/>		<input type="text"/>	

**\*Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.**

- The Total of Payor Mix and Charity Care amounts listed in 10C Payor Mix Chart should be equivalent to the **Total Gross Operating Revenue** and **Provision for Charity Care** in 6C Projected Project Only Data Chart respectively.

The screenshot displays the HHC CON Application interface. At the top left is the HHC logo. The navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is on the right. The user 'Imran Chowdhury' is logged in. The main content area features a table for reporting estimated gross operating revenue by payor classification for Year 1 and Year 2. The table has columns for 'Payor Source', 'Year 1' (Gross and % of Total), and 'Year 2' (Gross and % of Total). The 'Total' row shows \$0.00 for both years. The 'Charity Care' row has empty input fields for both years. A note at the bottom asks for a discussion of the project's participation in state and federal revenue programs.

**\*10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.**

Payor Source	Year 1		Year 2	
	Gross	% of Total	Gross	% of Total
Medicare/Medicare Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
TennCare/Medicaid	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Commercial/Other Managed Care	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Self-Pay	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Other (Specify) <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="\$0.00"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>	<input type="text" value="0"/>
<b>Charity Care</b>	<input type="text"/>		<input type="text"/>	

**\* Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.**

# CON Application

## Instructions

Enter the required Fields.

Click **Save and Next**.

Health Services Commission  
HSC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need **New Application**

Medicare/Medicare Managed Care	<input type="text"/>	0	<input type="text"/>	0
TennCare/Medicaid	<input type="text"/>	0	<input type="text"/>	0
Commercial/Other Managed Care	<input type="text"/>	0	<input type="text"/>	0
Self-Pay	<input type="text"/>	0	<input type="text"/>	0
Other (Specify) <input type="text" value="Please Specify"/>	<input type="text"/>	0	<input type="text"/>	0
<b>Total</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>
Charity Care	<input type="text"/>		<input type="text"/>	

\*Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

**Save**

Enter the required Fields.

- Certain questions on this page require additional explanation upon selecting your answer as either Yes/No.
- All the mandatory fields must be filled in to save and exit the application. This is applicable across the fields in the application except for Rich Text fields.

**Quality Standards** Application Name - PAR-000000673

**\* indicates required field**

**\*1Q.** Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

Yes  
 No

**Please Explain**

Explanation

**2Q.** The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

**\* Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?**

Yes  
 No

**\* Does the applicant commit to obtaining and maintaining all applicable state licenses in good standing?**

Yes  
 No

**\* Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?**

Yes  
 No

**3Q.** Please complete the chart below on accreditation, certification, and licensure plans.

# CON Application

## Instructions

Click on a check box if a field needs to be updated.

Fields under **Licensure & Certification** are not editable unless you click on the check box by each field.

## Key Points

The screenshot displays the user interface for a CON Application. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Prakruthi Kairamkonda, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area is titled '3Q. Please complete the chart below on accreditation, certification, and licensure plans.' It is divided into two sections: 'Licensure' and 'Certification'. Under 'Licensure', there are three rows of information. The first row is for 'Health Facilities Commission/Licensure Division', which is highlighted with a red box. Each row includes a 'Status' dropdown menu and a 'Provider Number or Certification Type' text input field. The 'Certification' section is partially visible at the bottom, showing an 'Agency' dropdown and a 'Status' dropdown.

Yes  
No

3Q. Please complete the chart below on accreditation, certification, and licensure plans.

**Licensure**

Agency

Health Facilities Commission/Licensure Division

Status

Provider Number or Certification Type

Intellectual & Developmental Disabilities

Status

Provider Number or Certification Type

Mental Health & Substance Abuse Services

Status

Provider Number or Certification Type

**Certification**

Agency

Medicare

Status

Provider Number or Certification Type

# CON Application

## Instructions

Click on a check box if a field needs to be updated.

Fields under **Licensure & Certification** are not editable unless you click on the check box by each field.

## Key Points

The screenshot displays the user interface for a CON Application. At the top left is the logo for the Health Facilities Commission (HFC). The top right shows the user's name, "Prakruthi Kairamkonda", next to a profile icon. A navigation bar contains links for "Home", "Applications", "Payments", "My Letter of Intent", and "My Certificate of Need", along with a "New Application" button. The main content area is titled "Certification" and contains three sections for different agency types: Medicare, TennCare/Medicaid, and Other. Each section includes a "Status" dropdown menu and a "Provider Number or Certification Type" text input field. The "Medicare" checkbox is highlighted with a red rectangular box. Below the certification sections is an "Accreditation(s)" section with an "Agency Name" input field.

# CON Application

## Instructions

Enter the required Fields.

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Imran Chowdhury

### Accreditation(s)

Agency

Agency Name

Status

Provider Number or Certification Type

\* if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

\*4Q. Please list all Managed Care organizations currently or will be contracted.

- AMERIGROUP COMMUNITY CARE- East Tennessee
- AMERIGROUP COMMUNITY CARE - Middle Tennessee
- AMERIGROUP COMMUNITY CARE - West Tennessee
- BLUECARE - East Tennessee
- BLUECARE - Middle Tennessee
- BLUECARE - West Tennessee
- UnitedHealthcare Community Plan - East Tennessee
- UnitedHealthcare Community Plan - Middle Tennessee
- UnitedHealthcare Community Plan - West Tennessee
- TENNCARE SELECT HIGH - All
- TENNCARE SELECT LOW - All
- PACE
- KBB under DIDD waiver

please specify

# CON Application

## Instructions

Enter the required Fields.

- Certain questions on this page require additional explanation upon selecting your answer as either Yes/No.

## Key Points

The screenshot shows the user interface for a CON Application. At the top left is the logo for the Health Facilities Commission (HFC). The top right shows the user's name, 'Prakruthi Kairamkonda', with a dropdown arrow. Below this is a navigation bar with links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is located on the right side of the navigation bar. The main content area displays question 5Q: 'Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?'. The 'No' radio button is selected. Below this is a 'Please Explain' section with a text input field labeled 'Explanation'. The next question is 6Q: 'For an existing healthcare institution applying for a CON'. It includes sub-questions 6Q.A and 6Q.B. For 6Q.A, the 'Yes' radio button is selected. For 6Q.B, the 'Yes' radio button is also selected. Below 6Q.B is another 'Please Explain' section with a text input field labeled 'Test'. At the bottom, question 7Q is partially visible: 'Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.'

Enter the required Fields.

- Certain questions on this page require additional explanation upon selecting your answer as either Yes/No.

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The top navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The user's name, 'Prakruthi Kairamkonda', is displayed in the top right corner. The main content area displays question 7Q, which asks the applicant to respond to all of the following and provide documentation if they occurred in the last five years. The question is broken down into sub-questions 7Q.A through 7Q.B.6, each with radio button options for 'Yes' and 'No'. The 'No' option is selected for all sub-questions.

**7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.**

**7Q.A. Has any of the following:**

1. Any person(s) or entity with more than 5 percent ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant)
2. Any entity in which any person(s) or entity with more than 5 percent ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5 percent; and/or.

**7Q.B. Been subject to any of the following:**

- \*7Q.B.1. Final Order or Judgement in a state licensure action;  
 Yes  
 No
- \*7Q.B.2. Criminal fines in cases involving a Federal or State health care offense;  
 Yes  
 No
- \*7Q.B.3. Civil monetary penalties in cases involving a Federal or State health care offense;  
 Yes  
 No
- \*7Q.B.4. Administrative monetary penalties in cases involving a Federal or State health care offense  
 Yes  
 No
- \*7Q.B.5. Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services  
 Yes  
 No
- \*7Q.B.6. Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or  
 Yes  
 No

Click on **Add Position** to create a new position information.  
Enter the required fields.

- Once you click on the position buttons you will receive a pop-up to add information on the position click save to continue.
- You may add more than 1 position.
- Enter the Existing and Projected FTEs as 0, if you don't have any contractual staff.

The screenshot displays the 'CON Application' web interface. At the top left is the logo for the 'Hickory Facilities Commission' (HFC). The user's name 'Prakruthi Kairamkonda' is shown in the top right. A navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. The main content area is titled '\* 8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.' Below this is a checkbox for 'Existing FTE not applicable (Enter year)'. The 'A. Direct Patient Care Positions' section contains a table with columns for 'POSITION CLASSIFICATION', 'EXISTING FTES', and 'PROJECTED FTE'S'. A row shows 'Position Name' with 2 existing and 4 projected FTEs. A red box highlights the 'Add Position' button. Below the table, a summary row shows 'Total Direct Patient Care Positions' with 2 existing and 4 projected FTEs. The 'Non Patient Care Not Applicable' section is checked, with a summary row showing 'Total Non-Patient Care Positions' as 0. The 'Total Employees(A+B)' row shows 2 existing and 4 projected FTEs. The '\* C. Contractual Staff' section has input fields for 2 existing and 2 projected FTEs. The final summary row shows 'Total Staff(A+B+C)' with 4 existing and 6 projected FTEs. A note at the bottom states '\* If applicable, please discuss below contractual positions. If no contractual staff will be employed, please explain.'

POSITION CLASSIFICATION	EXISTING FTES	PROJECTED FTE'S
Position Name	2	4
<b>Total Direct Patient Care Positions</b>	<b>2</b>	<b>4</b>
<b>Total Non-Patient Care Positions</b>	<b>0</b>	<b>0</b>
<b>Total Employees(A+B)</b>	<b>2</b>	<b>4</b>
<b>* C. Contractual Staff</b>	2	2
<b>Total Staff(A+B+C)</b>	<b>4</b>	<b>6</b>

# CON Application

## Instructions

Enter required fields  
Click **Save and Next**.

## Key Points

Healthy Facilities Commission  
HFC

Prakruthi Kairamkonda

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Add Position

Total Direct Patient Care Positions	2	4	
<input checked="" type="checkbox"/> Non Patient Care Not Applicable			
Total Non-Patient Care Positions	0	0	
Total Employees(A+B)	2	4	
* C. Contractual Staff	<input type="text" value="2"/>	<input type="text" value="2"/>	
Total Staff(A+B+C)	4	6	

\* If applicable, please discuss below contractual positions. If no contractual staff will be employed, please explain.

Contractual positions

Previous Cancel Save & Next

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Read the **Development Schedule** information.

Read the information on this page to understand the correct information that is required.

**Development Schedule** Application Name - PAR-000000606

*\* indicates required field*

TCA 568-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

1. Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the "good cause" for such an extension

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

**Project Completion Forecast Chart**

Phase	Days Required (From Decision Date)	Anticipated Date
* 1. Initial HFC Decision Date		<input type="text" value=""/>
2. Building Construction Commenced	<input type="text" value=""/>	<input type="text" value=""/>
3. Construction 100% Complete (Approval for Occupancy)	<input type="text" value=""/>	<input type="text" value=""/>
* 4. Issuance of License	<input type="text" value=""/>	<input type="text" value=""/>

# CON Application

## Instructions

Enter the required fields.  
Click **Save and Next**.

- The Anticipated Date field(s) will be auto-calculate based on the value entered in the Days Required (from the decision date) field(s).

## Key Points

The screenshot shows a web application interface for a Certificate of Need (CON) application. The user is logged in as Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible. The left sidebar shows a progress indicator with steps: Consumer Advantage, Quality Standards, Development Schedule (current), Proof of Publication, Document Upload, and Payment. The main content area contains instructions and a 'Project Completion Forecast Chart' table.

2. If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the "good cause" for such an extension

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

### Project Completion Forecast Chart

Phase	Days Required (From Decision Date)	Anticipated Date
* 1. Initial HFC Decision Date		<input type="text"/>
2. Building Construction Commenced	<input type="text"/>	<input type="text"/>
3. Construction 100% Complete (Approval for Occupancy)	<input type="text"/>	<input type="text"/>
* 4. Issuance of License	<input type="text"/>	<input type="text"/>
* 5. Issuance of Service	<input type="text"/>	<input type="text"/>
* 6. Final Project Report Form Submitted (Form HR0055)	<input type="text"/>	<input type="text"/>

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

Buttons: Previous, Cancel, Save & Next

Enter the required fields.  
Click **Save and Next**.

The Date of the published LOI must be equal to or greater than the date it was submitted.  
Proof of Publication must be attached on the Document Upload Page and should match the date entered into the Date LOI Published field.

The screenshot displays the 'Proof of Publication' step in the CON Application process. The user is identified as Imran Chowdhury. The application name is PAR-000000606. The progress bar on the left shows that the 'Proof of Publication' step is currently active, while previous steps are completed and the next step is 'Document Upload'. The main content area contains the following fields:

- 3A. Proof of Publication:** A text box with instructions: "Attach the full page of newspaper(s) in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)".
- \* Date Lol was Submitted:** A date picker field showing 02-06-2023.
- \* Date Lol Published:** A date picker field with the placeholder text "Enter Date Lol Published".
- \* Response:** A large text area for providing a response.

Navigation buttons at the bottom include 'Previous', 'Cancel', and 'Save & Next'.

Click on **Upload Files**.

On this page you will upload files as documents. Follow the steps to upload a file.

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Imran Chowdhury

Application Name : PAR-0000000606

### Document Upload

\* indicates required field

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment - Medical Equipment	<a href="#">Upload Files</a>	
*Attachment - State Map with Counties Highlight the counties in the project's service area.	<a href="#">Upload Files</a>	
*Attachment 10A - Floor plan If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page.  Patient care rooms (Private or Semi-private) Ancillary areas Other (Specify)	<a href="#">Upload Files</a>	
*Attachment 2N - County level map Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable.	<a href="#">Upload Files</a>	

# CON Application

## Instructions

Select the image file you want to upload.

Click **Open**.

Please note this image in based on the device you are using not the application. You may see a different view than this image.

## Key Points

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is logged in as Imran Chowdhury. The application is in the 'Document Upload' step. A file selection dialog box is open, showing the 'Desktop' folder in 'iCloud'. The dialog displays a grid of 'Screen Shot' files with their respective timestamps. The 'Open' button at the bottom right of the dialog is highlighted with a red box. The background application shows a sidebar with various steps, including 'Document Upload', and a main content area with a 'New Application' button and a form field for 'Name : PAR-0000000606'. Below the form, there is an 'ACTIONS' section and a section titled '\*Attachment 2N - County level map' with detailed instructions and an 'Upload Files' button.

If the file is in correct you can delete it by clicking **Delete**.  
Provide all the required files.

You may also download the file to view what was uploaded.  
You can upload JPEG, PNG, PDF, DOCX, DOC, XLSX, XLS, PPT, and PPTX file types.  
Attachments cannot be bulk downloaded so individual files that are uploaded will need to be saved separately.

The screenshot displays the 'Document Upload' section of the CON Application web portal. The user is logged in as Imran Chowdhury. The application name is PAR-0000000606. The left sidebar shows a progress indicator for various steps, with 'Document Upload' currently selected. The main content area lists several required attachments with their respective upload and action options.

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment - Medical Equipment	Screen Shot 2023-02-06 at 11.27.55 AM	<a href="#">Download</a>   <a href="#">Delete</a>
*Attachment - State Map with Counties Highlight the counties in the project's service area.	<a href="#">Upload Files</a>	
*Attachment 10A - Floor plan If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page.  Patient care rooms (Private or Semi-private) Ancillary areas Other (Specify)	<a href="#">Upload Files</a>	
*Attachment 2N - County level map Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the	<a href="#">Upload Files</a>	

# CON Application

## Instructions

Provide all the required files.

- Additional attachments fields are optional.
- Optional attachments should each be labeled and numbered (Optional Attachment – Additional Information #1, #2 etc.)
- Consolidate and include a cover sheet with a table of contents when you have multiple documents in the attachment.

## Key Points

The screenshot displays the 'CON Application' web interface. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, 'Imran Chowdhury', is shown in the top right corner. A navigation bar contains links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The main content area shows a list of attachments with their respective descriptions and 'Upload Files' buttons:

- Attachment 3A - Proof of publication**: Upload Files
- Attachment 3N.B. Service area demographic chart**: For a template to assist in reporting required documents, please go to a following website. (Link) Upload Files
- Attachment 5N - Existing & Approved Unimplemented Services Utilization**: Submit 3 years worth of information for service area Upload Files
- Attachment 6N - 3 Year Utilization**: Upload Files
- Attachment 8C - Charges of Service**: Upload Files
- Attachment 9C**: Upload Files
- Additional Documents**: Upload Files

At the bottom of the form, there are three buttons: 'Previous', 'Cancel', and 'Save & Next'.

# CON Application

## Instructions

- Provide all the required files.
- Click **Save and Next**.

- If supplemental revisions are required for any attached documents, the previous version of the document will need to be deleted. Note the HFC will preserve versions of each application as submitted, but the applicant should do so as well, but it cannot be done directly through the system.

## Key Points

The screenshot displays the user interface for the CON Application. At the top left is the logo for the Health Facilities Commission (HFC). The top right shows the user's name, Imran Chowdhury, with a profile icon. A navigation bar contains links for Home, Applications (with a dropdown arrow), Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is located on the right side of the navigation bar. The main content area features a list of attachments, each with an 'Upload Files' button:

- Attachment 3A - Proof of publication
- Attachment 3N.B. Service area demographic chart (with a note: 'For a template to assist in reporting required documents, please go to a following website. (Link)')
- Attachment 5N - Existing & Approved Unimplemented Services Utilization (with a note: 'Submit 3 years worth of information for service area')
- Attachment 6N - 3 Year Utilization
- Attachment 8C - Charges of Service
- Attachment 9C
- Additional Documents

At the bottom of the form, there are three buttons: 'Previous', 'Cancel', and 'Save & Next'.

View the **Payment** page.

The screenshot shows the 'Payment' page of the CON Application system. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is displayed in the top right corner. A navigation bar contains links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. A sidebar on the left lists the application steps, with 'Payment' selected. The main content area is titled 'Payment' and features an illustration of two credit cards. Below the illustration, a box displays the 'Filing Fee' as '\$3,000.00'. The application name 'PAR-000000606' is shown in the top right of the main content area.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name - PAR-000000606

Payment

Facility, Agency, or Institution  
Contact Person  
Institution Details  
Owner/Management Information  
Facility Information  
Executive Summary  
Project Cost  
General Criteria  
Consumer Advantage  
Quality Standards  
Development Schedule  
Proof of Publication  
Document Upload  
**Payment**

Filing Fee  
**\$3,000.00**

# CON Application

## Key Points

If the LOI has not been accepted, you will not be able to pay/submit the application. Once the LOI is accepted the error message at the bottom of the application will not be visible.

The screenshot displays the Health Facilities Commission (HFC) application interface. At the top left is the HFC logo. The user's name, Imran Chowdhury, is shown in the top right. A navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, with a 'New Application' button. A progress bar on the left lists the following steps: Consumer Advantage, Quality Standards, Development Schedule, Proof of Publication, Document Upload, and Payment (the current step). The main content area features a 'Filing Fee' of \$3,000.00. Below the fee is a checkbox with the text: 'I am the applicant or his/her/its legal agent, duly swear that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and T.C.A. §68-11-1601, et seq., and the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.' A red error message at the bottom states: 'You cannot submit the CON application until the LOI is Accepted'. At the bottom of the page are buttons for 'Previous', 'Cancel', and 'Pay / Submit'.

# CON Application

## Instructions

Click on the **Attestation** check box.

The screenshot displays the Health Facilities Commission (HFC) application interface. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', with a 'New Application' button on the right. The user 'Imran Chowdhury' is logged in. A progress indicator on the left shows steps from 'Project Cost' to 'Payment', with 'Payment' currently selected. The main content area features a progress bar and a 'Filing Fee' of \$3,000.00. Below this, a text box contains an attestation statement with a red square highlighting an unchecked checkbox. At the bottom, there are 'Previous', 'Cancel', and 'Pay / Submit' buttons.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need New Application

- Project Cost
- General Criteria
- Consumer Advantage
- Quality Standards
- Development Schedule
- Proof of Publication
- Document Upload
- Payment

Filing Fee  
**\$3,000.00**

I am the applicant or his/her/its legal agent, duly swear that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and T.C.A. §68-11-1601, et seq., and the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.

Previous Cancel Pay / Submit

# CON Application

Instructions

Once you are complete, click **Pay/Submit**.

You will get additional fields that are auto populated you may not edit these

Key Points

The screenshot shows the user interface for the Health Facilities Commission (HFC) CON Application. The user is logged in as Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible in the top right. The left sidebar shows a progress indicator with five steps: Quality Standards, Development Schedule, Proof of Publication, Document Upload, and Payment (which is currently selected). The main content area displays a 'Filing Fee' of \$3,000.00. Below this, there is a checkbox for a declaration: 'I am the applicant or his/her/its legal agent, duly swear that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Facilities Commission, and T.C.A. §68-11-1601, et seq., and the responses to this application or any other questions deemed appropriate by the Health Facilities Commission are true and complete.' Below the declaration, there are input fields for 'Name' (Imran Chowdhury) and 'Date' (02-06-2023). At the bottom, there are three buttons: 'Previous', 'Cancel', and 'Pay / Submit' (which is highlighted with a red box).

## Instructions

Enter your **Bank Account Information**.

Enter your **Billing Information**.

Click **Continue**.

Once you click continue you are able to pay the application fee and submit the application.

All payments must be by e-check. No debit or credit cards will be accepted.

## Key Points



### Certificate of Need

### Payment Entry

Payment Method: E-Check

#### Bank Account Information

Type of Check	<input type="text" value="E-Check Personal"/>
Routing Number	<input type="text"/>
Account Number	<input type="text"/>
Re-enter Account Number	<input type="text"/>



#### Billing Information

Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Tennessee"/>
Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

# Relocation Exemption Application

# Relocation Exemption

## Instructions

1. From the Dashboard, click on **All Applications**.

For information on Letter of Intent, please review the full Community portal user guide or LOI quick reference guide.

## Key Points

The screenshot displays the HHC (Health Utilities Commission) dashboard. At the top left is the HHC logo. The top navigation bar includes links for Home, Applications (with a dropdown arrow), Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is located on the right side of the navigation bar. The user's name, Imran Chowdhury, is shown in the top right corner.

The main section is titled 'Dashboard' and features five summary cards:

- All Applications:** 1 (highlighted with a red border)
- Open Applications:** 1
- Closed Applications:** 0
- Applications Under Review:** 1
- Supplemental Information Required:** 0

Below the summary cards is a 'Count of Applications' section containing a donut chart. The chart is divided into four segments: Open Applications (pink, 1), Closed Applications (orange, 0), Applications Under Review (yellow, 1), and Supplemental Information Required (teal, 0). A legend above the chart identifies the colors for each status.

# Relocation Exemption

## Instructions

Find the **Relocation Exemption –LOI** application.

Click on the 3 dots under **Actions**.

The screenshot displays the user interface of the Health Facilities Commission (HFC) portal. At the top left is the HFC logo. The user's name, Imran Chowdhury, is shown in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main section is titled 'All Applications' and includes a search bar and a filter dropdown set to 'All'. A table lists applications with columns for Application Number, Project Name, Application Type, Certificate Number, Status, Created Date, and Actions. The 'ACTIONS' column for the application 'PAR-000000670' is highlighted with a red box, showing a 'View' button and a three-dot menu icon. A pagination indicator shows '1' page. The footer contains copyright information and links for Contact Us and Privacy & Terms.

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATED DATE	ACTIONS
PAR-000000670	test	Relocation Exemption - LOI	-	Submitted	2/13/2023	View ⋮

# Relocation Exemption

## Instructions

Click on **Start RE**.

To create the Relocation Exemption application, you do not need the LOI to be accepted. LOI must be accepted in order to submit the Relocation Exemption application.

## Key Points

The screenshot displays the 'All Applications' page in the HFC portal. The page header includes the HFC logo, user name 'Imran Chowdhury', and navigation links: Home, Applications, Payments, My Letter of Intent, My Certificate of Need, and a 'New Application' button. Below the header, the page title is 'All Applications' with a breadcrumb 'Dashboard > All Applications'. A search bar and a filter dropdown (set to 'All') are present. The main content is a table with the following data:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATED	Actions
PAR-000000670	test	Relocation Exemption - LOI	-	Submitted	2/13/2023	Download Start RE Withdraw

The 'Start RE' button in the 'CREATED' column of the first row is highlighted with a red box. A blue badge with the number '1' is located at the bottom right of the table area. The footer contains '© 2022 HFC | All Rights Reserved out:blank' and 'Contact Us | Privacy & Terms'.

Enter the **Website Address** of the Facility, Agency, or Institution.  
Click **Save and Next**.

- You will begin the application with Facility, Agency, or Institution.
- Notice all but Website Address have been auto-populated as they were captured in the LOI.
- Please note your application name can be found on the top right of the application.

Health Facilities Commission  
HFC

Imran Chowdhury

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name - PAR-000000671

**Facility, Agency, or Institution**

\* indicates required field

**1A. Name of Facility, Agency, or Institution**

\* Project Name  
test

\* Street or Route  
test

\* City  
test

\* Zip  
12345

\* County  
test

\* State  
Tennessee

\* Website Address  
Enter Website Address

License Number (If Applicable)

**Note:** The facility's name and address must be the name and address of the project and must be consistent with the Publication of

Complete the required fields for 2A.  
Click **Save and Next**.

- Once you are on the second page, you are able to click on the **Previous** button to go back to the other page.
- Click **Save and Next** to continue the application.
- Click **Cancel** if you need to close the application.

The screenshot displays the 'Contact Person' form within the HFC application portal. The form is titled '2A. Contact Person Available for Responses to Questions'. The user's name, Imran Chowdhury, is shown in the top right corner. The application name is PAR-000000671. The form fields are as follows:

Field	Value
* First Name	Imran
* Last Name	Chowdhury
* Title	
* Company Name	MTX Group Inc
* Email Address	imran.chowdhury+1@mtx2b.com
* Street or Route	4102 Admiralty way
* City	Irving
* State	Tennessee
* Zip	75061
* Association With Owner	
* Phone Number	214-803-4743

Navigation buttons: **Previous** (highlighted with a red box), **Cancel** (highlighted with a red box), and **Save & Next** (highlighted with a red box).

Answer the required fields for the remainder of the application.  
Click **Save and Next** for the pages you complete.

Fields that are shaded grey are pre-populated and cannot be edited.  
Review the full Community portal user guide for a full breakdown of the application process.

The screenshot displays the Florida Facilities Commission (FFC) application portal. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The user 'Imran Chowdhury' is logged in. A sidebar on the left shows the application progress: 'Facility, Agency, or Institution' (completed), 'Contact Person' (completed), 'Owner Information' (current step), 'Executive Summary', 'Document Upload', and 'Attestation'. The main content area is titled 'Owner Information' and shows 'Application Name : PAR-000000671'. A legend indicates that an asterisk (\*) denotes a required field. The form contains several sections: '3A. Name of Owner of the Facility, Agency, or Institution' with fields for Name (containing 'test'), Street or Route, City, State, and Zip; '\*Phone Number' with an 'Enter Phone Number' field; '4A. Type of Ownership of Control' with a dropdown menu set to 'Sole Proprietorship'; and '\*5A. Legal Interest in the Site' with a note that the legal interest must be valid on the date of agency consideration and three radio button options: 'Ownership (Applicant or applicant's parent company/owner) - Attach a copy of the title/deed.', 'Lease (Applicant or applicant's parent company/owner) - Attach a fully executed lease that includes the terms of the lease and the actual lease expense.', and 'Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.'

Answer the required fields.

Click **Save and Next**.

The screenshot displays the 'Relocation Exemption' application interface. At the top left is the logo for the 'Tennessee Facilities Commission' (TFC). The user's name, 'Imran Chowdhury', is shown in the top right corner. A navigation bar includes links for 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. A sidebar on the left lists the application steps: 'Facility, Agency, or Institution', 'Contact Person', 'Owner Information', 'Executive Summary' (the current step), 'Document Upload', and 'Attestation'. The main content area is titled 'Executive Summary' and shows the application name 'PAR-000000671'. A red asterisk indicates a required field. The '1E. Overview' section contains three text input fields with the following instructions: 1. A general instruction to limit the total response to 1800 characters. 2. '\*Service Area - Address if at least ninety-five percent (95%) of patients to be served are reasonably expected to reside in the same zip codes as the existing patient population.' 3. '\*Medicaid/TennCare Participation - Address any changes as a result of the relocation.' 4. '\*Access To Consumers - Address if the relocation will reduce or impact access to consumers, particularly those in underserved communities; those who are uninsured or underinsured; women and racial and ethnic minorities; TennCare or Medicaid recipients; and low income groups.' The '2E. Patients by Zip Code' section includes a text box with instructions: 'First, enter the total utilization. Next, enter every zip code and its utilization until the total percent calculates to 95% or more. With each entered zip code/utilization, the percentage will be automatically calculated.' The form also includes a section for 'Current Location (Latest Full Year)'.

# Relocation Exemption

## Instructions

Read the **Patients by zip code** information.  
Enter the **Year** and **Beginning Month**.  
Click on **Add Zip code Data**.

In this section you will add zip code based on historical utilization.  
If this portion does not pertain to you, select the **Not Applicable** check box.

## Key Points

 Imran Chowdhury 

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

### 2E. Patients by Zip Code

First, enter the total utilization. Next, enter every zip code and its utilization until the total percent calculates to 95% or more. With each entered zip code/utilization, the percentage will be automatically calculated.

#### Current Location (Latest Full Year)

Not Applicable

\*Year  \*Beginning Month

#### Add Patients By Zip Code Information

SERVICE AREA ZIPCODE	HISTORICAL UTILIZATION-ZIP CODE PATIENTS	% OF TOTAL CURRENT PATIENTS	ACTION
<a href="#">Add Zip Code Data</a>			

#### Proposed Location (2nd Full Year of Operation)

Not Applicable

\*Year  \*Beginning Month

# Relocation Exemption

## Instructions

Enter the required information.

Click **Save** to continue.

The screenshot shows a web application interface for a relocation exemption. At the top left is the logo for the Health Facilities Commission (HFC). The user's name, Imran Chowdhury, is displayed in the top right. A navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area is titled '2E. Patients by Zip Code' and contains instructions: 'First, enter the total utilization. Next, enter every zip code and its utilization until the total percent calculates to 95% or more. With each entered zip code/utilization, the percentage will be automatically calculated.' A modal window titled 'Add Patients By Zip Code Information' is open, featuring three input fields: '\*SERVICE AREA ZIPCODE', '\* HISTORICAL UTILIZATION-ZIP CODE PATIENTS', and '\* AREA/CITY'. A legend indicates that an asterisk denotes a required field. At the bottom of the modal are 'Cancel' and 'Save' buttons, with the 'Save' button highlighted by a red rectangular box. Below the modal, the 'Proposed Location (2nd Full Year of Operation)' section includes a 'Not Applicable' checkbox, a '\* Year' input field with the placeholder 'Enter Year', and a '\* Beginning Month' dropdown menu. A table header for 'Add Patients By Zip Code Information' is partially visible at the bottom, with columns for 'SERVICE AREA ZIPCODE', 'PROJECTED UTILIZATION-ZIP CODE PATIENTS', '% OF TOTAL PROJECTED PATIENTS', and 'ACTION'.

# Relocation Exemption

## Key Points

You are able to **Edit** or **Delete** the county under **Action**.

You may add more than 1 county.

The screenshot displays the Florida Facilities Commission (FFC) web application interface. At the top left is the FFC logo. The user's name, Imran Chowdhury, is shown in the top right. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button.

The main content area is divided into two sections. The first section, titled 'Add Patients By Zip Code Information', includes a 'Not Applicable' checkbox, a '\*Year' field (set to 2021), and a '\*Beginning Month' dropdown (set to January). Below this is a table with the following data:

SERVICE AREA ZIPCODE	HISTORICAL UTILIZATION-ZIP CODE PATIENTS	% OF TOTAL CURRENT PATIENTS	ACTION
12345	12	100	[Dropdown menu with Edit and Delete options]
<b>Total</b>	<b>12</b>	<b>75% or More</b>	

Below the table is a blue button labeled 'Add Zip Code Data'. The second section, titled 'Proposed Location (2nd Full Year of Operation)', also includes a 'Not Applicable' checkbox, a '\*Year' field (set to 'Enter Year'), and a '\*Beginning Month' dropdown.

A red box highlights the 'ACTION' column of the table, which contains a dropdown menu with 'Edit' and 'Delete' options.

# Relocation Exemption

Key Points

Follow the same instructions for the second full year of operation.

If this section does not pertain to you, click on the check box next to **Not Applicable**.

The screenshot shows the Florida Facilities Commission (FFC) web application interface. The header includes the FFC logo, the user name "Imran Chowdhury", and navigation links: Home, Applications, Payments, My Letter of Intent, My Certificate of Need, and a "New Application" button.

The main content area is divided into two sections for adding patient data by zip code.

**Current Data Section:**

SERVICE AREA ZIPCODE	HISTORICAL UTILIZATION-ZIP CODE PATIENTS	% OF TOTAL CURRENT PATIENTS	ACTION
12345	12	100	[Dropdown Arrow]

Below the table is a button labeled "Add Zip Code Data".

**Total:** 12 patients, 75% or More.

**Proposed Location (2nd Full Year of Operation)**

Not Applicable

\*Year: [Enter Year] \*Beginning Month: [Dropdown Arrow]

**Projected Data Section:**

SERVICE AREA ZIPCODE	PROJECTED UTILIZATION-ZIP CODE PATIENTS	% OF TOTAL PROJECTED PATIENTS	ACTION
----------------------	---	-------------------------------	--------

Below the table is a button labeled "Add Zip Code Data".

3E. Payor Mix

# CoN Application

## Instructions

Enter the data in the text fields.  
Click **Save and Next**.

When the **Payor Mix Current Location** Revenue, the percent of total fields will auto calculate.

## Key Points

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible. The main content area is titled 'Payor Mix, Current Location (Latest Full Year)'. It features two dropdown menus for '\*Year' and '\*Beginning Month'. Below these is a table with three columns: 'PAYOR SOURCE', 'GROSS REVENUE', and '% OF TOTAL'. The table lists five categories: Medicare/Meducare Managed Care, TennCare/Medicaid, Commercial/Other Managed Care, Self-Pay, and Other (with a 'Please Specify' field). A 'Total' row shows \$0.00 for Gross Revenue and 0 for % of Total. A 'Charity Care' row is also present. Below the table, the section 'Payor Mix, Proposed Location (2nd Full Year of Operation)' is partially visible.

PAYOR SOURCE	GROSS REVENUE	% OF TOTAL
Medicare/Meducare Managed Care	<input type="text"/>	<input type="text" value="0"/>
TennCare/Medicaid	<input type="text"/>	<input type="text" value="0"/>
Commercial/Other Managed Care	<input type="text"/>	<input type="text" value="0"/>
Self-Pay	<input type="text"/>	<input type="text" value="0"/>
Other <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text" value="0"/>
<b>Total</b>	<b>\$0.00</b>	<b>0</b>
Charity Care	<input type="text"/>	<input type="text"/>

# Relocation Exemption

## Instructions

Click on **Upload Files**.

On this page you will upload files as documents. Follow the steps to upload a file.

## Key Points

The screenshot shows the 'Document Upload' page for application 'PAR-0000000671'. The page includes a navigation menu with 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A sidebar on the left shows a progress indicator for 'Facility, Agency, or Institution', 'Contact Person', 'Owner Information', 'Executive Summary', 'Document Upload' (current step), and 'Attestation'. The main content area contains a table with the following rows:

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment 5A - Legal Interest in the Site - A fully executed Option that includes the anticipated purchase price.	<a href="#">Upload Files</a>	
*Attachment 5A - Legal Interest in the Site - Reference Document	<a href="#">Upload Files</a>	
Attachment 4E - Proof of publication	<a href="#">Upload Files</a>	
Additional Documents	<a href="#">Upload Files</a>	

At the bottom of the page, there are three buttons: 'Previous', 'Cancel', and 'Save & Next'. The footer contains the text '© 2022 HFC | All Rights Reserved' and 'Contact Us | Privacy & Terms'.

# Relocation Exemption

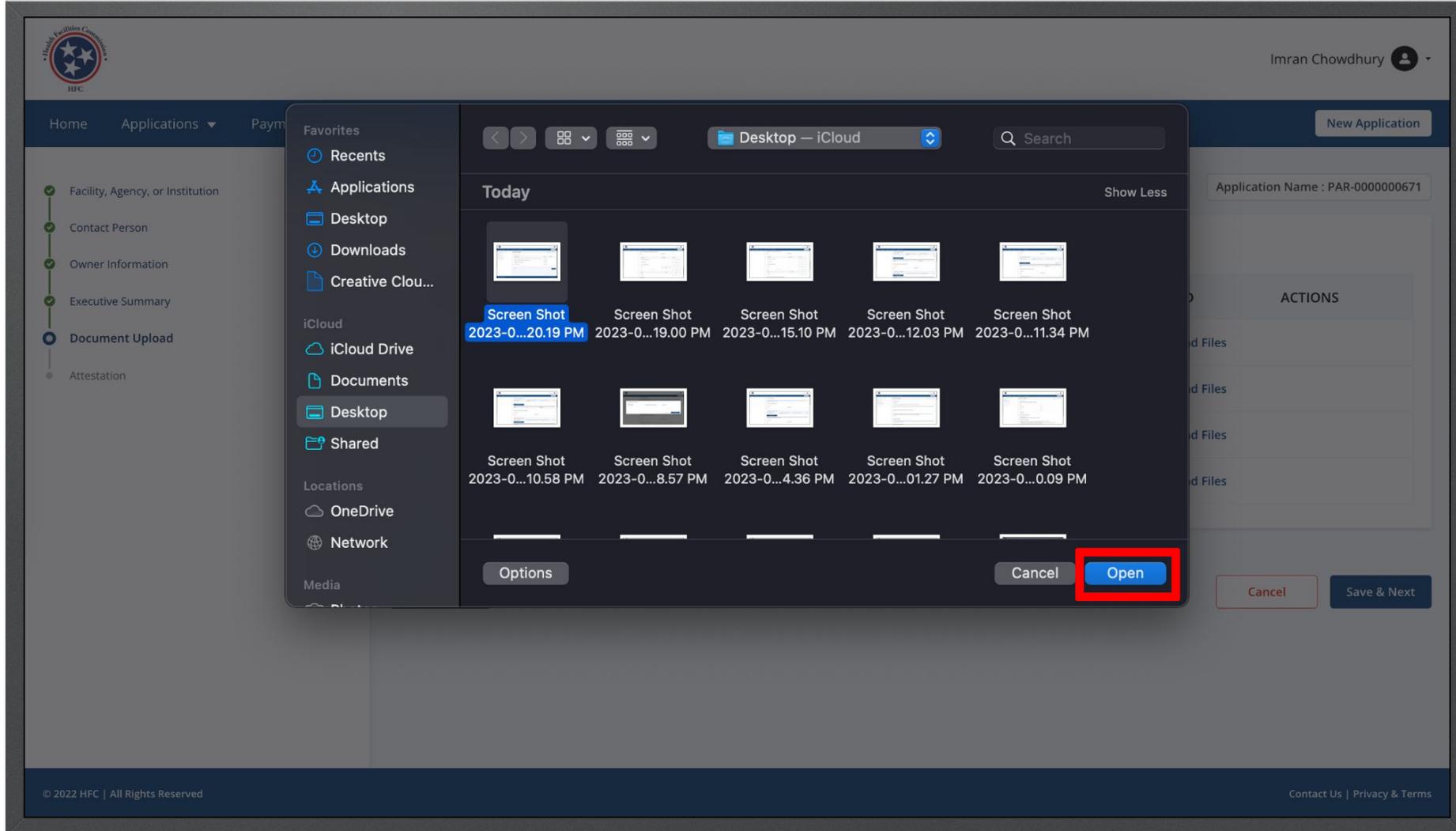
## Instructions

Select the image file you want to upload.

Click **Open**.

Please note this image is based on the device you are using not the application. You may see a different view than this image.

## Key Points



## Instructions

If the file is in correct you can delete it by clicking **Delete**.  
Provide all the required files.  
Click **Save and Next**.

You may also download the file to view what was uploaded.  
You can upload spreadsheets, documents, text, pdf, and jpg.

## Key Points

The screenshot shows the HFC (Health Facilities Commission) Document Upload interface. The user is logged in as Imran Chowdhury. The application name is PAR-0000000671. The interface includes a navigation menu on the left with the following items: Facility, Agency, or Institution; Contact Person; Owner Information; Executive Summary; Document Upload (selected); and Attestation. The main content area is titled 'Document Upload' and contains a table of uploaded documents. The table has three columns: DOCUMENT NAME, UPLOAD, and ACTIONS. The first row shows a document named '\*Attachment 5A - Legal Interest in the Site - A fully executed Option that includes the anticipated purchase price.' with an upload date of 'Screen Shot 2023-02-13 at 4.20.19 PM' and actions for 'Download' and 'Delete'. The second row shows '\*Attachment 5A - Legal Interest in the Site - Reference Document' with an 'Upload Files' button. The third row shows 'Attachment 4E - Proof of publication' with an 'Upload Files' button. The fourth row shows 'Additional Documents' with an 'Upload Files' button. At the bottom of the page, there are 'Previous', 'Cancel', and 'Save & Next' buttons. The 'Save & Next' button is highlighted with a red box.

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment 5A - Legal Interest in the Site - A fully executed Option that includes the anticipated purchase price.	Screen Shot 2023-02-13 at 4.20.19 PM	Download   Delete
*Attachment 5A - Legal Interest in the Site - Reference Document	Upload Files	
Attachment 4E - Proof of publication	Upload Files	
Additional Documents	Upload Files	

If the LOI has not been accepted, you will not be able to submit the application. Once the LOI is accepted the error message at the bottom of the application will not be visible.

The screenshot displays the 'Attestation' step of a relocation exemption application. The interface includes a navigation menu with 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is visible in the top right. The left sidebar shows a progress indicator with steps: Facility, Agency, or Institution; Contact Person; Owner Information; Executive Summary; Document Upload; and Attestation (the current step). The main content area is titled 'Attestation' and shows the application name 'PAR-000000671'. A red asterisk indicates a required field. A checkbox is present with the text: '\* I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my application shall be liable to cancellation.' Below this, there are input fields for 'Name' (Imran Chowdhury) and 'Date' (02-13-2023). A prominent red error message states: 'You cannot Submit the RE application until LOI is Accepted'. At the bottom, there are 'Previous', 'Cancel', and 'Submit' buttons. The footer contains '© 2022 HFC | All Rights Reserved' and 'Contact Us | Privacy & Terms'.

# Relocation Exemption

## Instructions

Click on the **Attestation** check box.

Click **Submit**.

The screenshot shows the 'Attestation' step of an application. The left sidebar lists steps: Facility, Agency, or Institution; Contact Person; Owner Information; Executive Summary; Document Upload; and Attestation (selected). The main content area is titled 'Attestation' and includes the application name 'PAR-000000671'. A red box highlights a required checkbox with the text '\* Indicates required field'. Below this is a declaration statement: 'I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my application shall be liable to cancellation.' There are two input fields: 'Name' (Imran Chowdhury) and 'Date' (02-13-2023). At the bottom, there are 'Previous', 'Cancel', and 'Submit' buttons, with the 'Submit' button highlighted by a red box. The footer contains '© 2022 HFC | All Rights Reserved' and 'Contact Us | Privacy & Terms'.

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name : PAR-000000671

Attestation

\* Indicates required field

I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my application shall be liable to cancellation.

Name: Imran Chowdhury Date: 02-13-2023

[Previous](#) [Cancel](#) [Submit](#)

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This concludes the User Guide for the HFC Portal

# THANK YOU